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VOL. 5, NO. 2, APRIL 1960

SOCIAL WORK

JOURNAL OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

SOCIAL WORK is a professional journal committed to improving practice and extending knowledge in the field of social welfare. The Editorial Board welcomes manuscripts that yield new insights into established practices, evaluate new techniques and researches, examine current social problems, or bring serious, critical analysis to bear on the problems of the profession itself. The occasional literary piece is gladly received when it concerns issues of significance to social workers.

Opinions expressed in the journal are those of the authors and do not necessarily reflect the official position of the National Association of Social Workers.

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Editor's Page

IN THIS NUMBER, as in former ones, we are presenting several provocative papers. Whenever the journal prints a controversial article someone is sure to protest, "Why don't you print along with it a rebuttal paper?" (like equal time for Republicans and Democrats) or "Why print such an outrageous point of view?" The policy of your Editorial Board is to print controversial papers—if they meet publication standards—letting the chips fall. This is true even when the article is anathema to the editors. It is not only policy but the mechanics of getting out the journal not to hold back a contribution until an interesting paper from another point of view can be extracted from an eager or reluctant author. It is the hope of the board that provocative articles will be widely read and stimulate equally challenging papers for later numbers.

There are often sharp differences of opinion as to whether the content represents "good," that is to say "my kind of," social work. The first line of defense here is the *expertise* of the Editorial Board and staff, and the second is none other than yourself, as practitioner-contributor. Some of the provocative papers in the current number include (1) the professional-union dilemma (Rehr). Although we prefer to avoid the "single-case" local article, the subject is of sufficient interest and importance to be offered. (2) The crisis of ADC (Schorr) makes one wonder what might have happened had ADC and child welfare services been grouped together as the public family and children's agency so desperately needed. (3) The several issues and problems in community planning today (Manser, Zimbalist, Sieder).

For a long time your editors have tried to accumulate an appropriate community organization "package." Coverage is, of course, still incomplete and we hope for more articles which may searchingly examine some of the questions that arise and

recur. For example, what are the important problems in the present trend toward centralization? To what extent is the central agency to modify or replace the roles of the traditional autonomous operating agency? Yes, *your* agency, dear reader. It is another version of the federal-states rights principle, not easily solved but enormously important *how* it is solved. Assuming that the role of the autonomous agency will be modified, does not the individual agency with its leadership board (especially if heavily endowed) prove to be a constructive counterfoil in the central power structure? Another point—when the goal for community planning is stated as problem centered with the objective of social welfare, none can quarrel with it. But does this carry with it the implication that social work as a profession may be minimized and social workers regarded merely as technicians? In power politics one notices that it is the little fellow who is apt to get modified!

Granted that the community rather than the operating agency is the client for C.O. whatever planning processes and techniques are used, is not the democratic principle overwhelmingly important? Is social work to be the bulwark of the Four Freedoms in the field of social welfare or is it not? How much do social workers care about the democratic processes in their autonomous and/or central agency? Democratic processes do not emerge or stay in social work by accident without vigorous self-involvement—yes, *your* self-involvement, caseworkers and group workers as well as community organizers!

And finally, why are the functions of government typically so little discussed in C.O. articles? Are the old sins of the voluntary agencies vis-à-vis the public service to be repeated and compounded by the planners? Are polite co-operative bows between public and voluntary systems to suffice or do we at last see the public services as both the base and core of social welfare practice?

—G. H.

BY ALVIN L. SCHORR

Problems in the ADC Program

IT IS NOT strange that a program should develop problems during a quarter of a century, particularly when the problems arise in large part from changing social circumstances. Two kinds of social change go to the heart of the Aid to Dependent Children program:

1. The risk of losing one's parents by death is now all but replaced in public concern by the risk of losing or never having a parent because of divorce, separation, or illegitimacy.

2. More women nowadays prefer gainful employment to the other alternatives that are open to them.

The propositions that follow are not an evaluation of the ADC program. An evaluation would give overriding weight to the

provision of food and shelter and mothering to millions of children. It would give credit to the attempts of social workers to be helpful against what seem at times to be overwhelming odds. It is precisely these odds that the following propositions attempt to state. If they are accurate, it is time to design a more constructive way to meet the needs of children.

A considerable number of studies, statistical summaries, and program descriptions have been examined in the course of arriving at this statement. They do not compel the conclusions that are drawn—studies that have been designed with sufficient care to compel any conclusion are exceptions—but most of the evidence is consistent with the following propositions. The propositions do not state all the problems in ADC—the attempt here is to describe certain major problems which are interrelated in such a way that they reinforce one another in damaging effects upon families. These are (1) the scapegoat problem in ADC, (2) the work dilemma, (3) whether ADC is directed to strengthening the whole family or to establishing a maternal family, and (4) the unsettling effects of the program.

THE SCAPEGOAT PHENOMENON

Under tension, wrote Kurt Lewin, groups will select one member to receive their

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concentrated hostility. The operation of this pattern, which he called the scapegoat phenomenon, frees the rest of the group to deal with each other in a more relaxed manner. Without implying that the forces operating in a small group are the same as those operating in society, the ADC program is analogous in being the focus of recurrent public attack, in concentrating in one program a group of people of whom there is widespread disapproval, and in receiving less-favored treatment than other public assistance programs.

The group that receives ADC is on the whole disadvantaged and characterized by many of the symptoms of social breakdown. Its members are relatively less well educated than average, have inferior job training and experience, and a high proportion are Negro. Broken families are characteristic. This general picture is reflected, with additional details, in almost any local study. For example: in New York State, four of five ADC children come from broken homes, four of ten have been deserted by their fathers, a third were born out of wedlock. ADC children live in families "with a long low-income experience."¹ In California a great number had "disturbing family and social problems which were admittedly outside the usual scope of vocational rehabilitation."² In Georgia "there are usually a multiplicity of disabilities and complaints . . . emotional disturbances . . . behavioral disorders."³ One study in Pennsylvania counted problems and arrived at an average of seven different problem areas

per ADC family.⁴ These are the unattractive facts; they are well and widely known.

Attacks launched on the program in the press and in legislative hearings cite statistics of divorce, desertion, and illegitimacy—with case illustrations. They usually suggest the vital connection that ADC causes or makes feasible disordered behavior which the absence of assistance would prevent. For example, a resolution of the Louisiana legislature says ". . . most of said [ADC] subsistence money is being spent by the parents selfishly . . . since this subsistence policy has been in existence there has been an appalling increase in the number of illegitimate children born. . . ." ⁵ There is usually the assumption that there are some needy families who ought to be receiving assistance, particularly the families of widows, but that many or most are abusing the program.⁶ The high percentage of Negroes may more or less frankly be an issue.

Investigation tends to show that two kinds of forces are operating.⁷ First, there are the changes in the general population that are reflected in the ADC case load; that is, there are proportionately more children and more families in the population. As insur-

⁴ Mary M. Zender, *A Study of Public Assistance: Its Clients' Needs and Its Visitors' Skills* (Harrisburg, Pa.: Department of Public Assistance, Commonwealth of Pennsylvania, February 1957). (Mimeographed.)

⁵ Louisiana State Department of Public Welfare, "We Look at Our Aid to Dependent Children Program," *Louisiana Welfare*, Vol. 17, No. 2 (April 1958), p. 7.

⁶ *New York Daily News*, October 1958-January 1959.

⁷ Two references which describe the effects of population trends on ADC are: Bureau of Public Assistance, "Public Assistance Trends" (Washington, D.C.: U.S. Department of Health, Education, and Welfare, August 1, 1958, mimeographed); and Saul Kaplan, "Support from Absent Fathers in ADC," *Social Security Bulletin*, Vol. 21, No. 2 (February 1958), pp. 3-13. For more recent data, see Bureau of Public Assistance, "Characteristics of Aid to Dependent Children Families, U.S. Totals, October-December 1958," State Letter No. 380 (Washington, D.C.: U.S. Department of Health, Education, and Welfare, July 28, 1959). (Mimeographed.)

¹ Eleanor M. Snyder, *Public Assistance Recipients in New York State, January-February 1957* (New York: Interdepartmental Committee on Low Incomes, 1958).

² Margaret Greenfield, *Self-Support in Aid to Dependent Children: The California Experience* (Berkeley, Calif.: University of California, 1956).

³ Fulton County, Georgia, Department of Public Welfare and Division of Vocational Rehabilitation, *ADC-VR Project: A Joint Project . . .* (Preliminary Mid-Point Evaluation), prepared by R. Winfred Tyndall, p. 6. (Undated, multilithed.)

Problems in the ADC Program

ance people would say, the population "at risk" in terms of ADC is *proportionately* larger. Divorce, separation, and illegitimacy have increased generally. Remarriage rates are so high as to present many fathers with the choice of supporting one family or another. The likelihood that the father will marry someone else has a similar effect on support of illegitimate children. The income of broken families is not rising at the same rate as the income of whole families. Thus, generally, we have more broken families and their income is relatively lower than it used to be.

Second, special factors operate that make disordered families loom larger in the ADC program. Survivor insurance removes the most sympathetic figure, the widowed mother, from the ADC program. With increased mobility, certain urban areas feel unduly the effects of economic problems in rural and depressed areas. Negroes, over-represented in the low income group, may place more emphasis on the tie between mother and children and less on marriage—the grandparents of some would not have been permitted to marry by the laws of their state. Unequal migration makes for a large surplus of young Negro women over men in some urban areas, and the reverse in other areas. In the end they cannot place illegitimate children for adoption if they wish to.

These are the basic forces to be borne in mind. We shall see in four stated propositions how certain aspects of the ADC program aggravate recipients' problems. None of them will suggest, however, that the ADC program is chiefly responsible or that the absence of assistance would do anything but create worse problems. What has happened, as a social accident, is that ADC—designed in one social era and moving into another—now operates selectively to serve people of whom social problem and community disapproval are characteristic.

If ADC operates selectively, there must be needy children who are not served. In the District of Columbia it is estimated that less

than a third of families having children and living on submarginal income receive ADC.⁸ In New York public relief recipients represent less than one-fourth of all persons with total income below public assistance standards.⁹ (This estimate does not separate out ADC, but we shall see that ADC turns out to be favored in no set of figures.) Nationally, about 2.2 million children receive ADC. In addition, there were about 600,000 children in families receiving General Assistance in March 1958. As the roughest sort of measure of children in need, on the other hand, 8 million live in families with income under \$2,000 a year. What of the other 5 million needy children, or more? Many are in families where a father is present and not disabled (the Social Security Act excludes these from ADC). Others are excluded by other policies or budgeting levels, and no doubt some choose not to apply. The 5 million children whose needs are not being met have some bearing on the assertion that ADC serves a selected disapproved group. For if all needy children were served by ADC, the percentage of disordered behavior in their background picture would be somewhat reduced, but it would still be high enough to cause considerable concern, and this would bring out clearly the fact that disordered behavior is a problem of American society and not of an intransigent group. Purely punitive action, such as some newspapers and legislators have suggested, would be more difficult to contemplate.

This situation might not be serious for the families who are served by ADC if public disapproval did not reflect itself in the administration of the program. The caseworker and administrator are also part of the public; no public agency is entirely independent or can for very long be entirely independent of public attitudes. There is evidence that public attitudes—on the desir-

⁸ Gisella Huber, *Economic Indicators of Family and Child Dependency in the District of Columbia* (Washington, D.C.: Health and Welfare Council, 1958).

⁹ Snyder, *op. cit.*

PERCENT INCREASE IN AVERAGE PAYMENTS PER RECIPIENT IN 1947-49 DOLLARS ^a

	<i>Aid to Dependent Children</i>	<i>Old Age Assistance</i>	<i>Aid to the Blind</i>	<i>Aid to the Permanently and Totally Disabled</i>	<i>General Assistance (per case)</i>
1936-1949.....	43	41	77	—	109
1950-1957.....	12	21	42	32	28

^a Based on *Trends*, Department of Health, Education, and Welfare, 1959 edition, p. 60.

ability of work, for example—get translated into imperatives from the caseworker to the client, sometimes faster and further than administrators desire.¹⁰ *Future Citizens All* documents two points suggesting the impact of disapproval: first, a substantial number of recipients have payments terminated while they are still in need—25 percent. Second, the highest percentages still in need are among those who are most disapproved: Negroes compared with whites, long-term recipients compared with short-term, and illegitimate children in unstable homes compared with children in more acceptable situations.¹¹

Bills that are presented by legislators and sometimes enacted may seem punitive in intent. In trying to evaluate intentions, however, and the content of changing regulations, one is on very difficult ground indeed. An examination of relative budget levels of ADC and the other programs is easier, for it is at least quantitative. The average monthly grant per recipient in ADC in September 1959 was \$28.58, less than half the average payment of any other federally aided category of public assistance.¹² Av-

erage payments may not fully reflect recipients' income because they may have other income—from earnings, for example, or from support. However, the budget standards which states set are also lower in ADC than in the other programs.¹³ One may also examine the maximum grants which states prescribe in each category, for they carry a quality of conscious legislative or administrative intent. Maximum grants, among the 25 states which have them in all categories, turn out to be as high for one person in the other three federally aided categories as they are for an adult and one child in ADC.¹⁴

It has been implied that the relative disadvantage of the ADC program has grown as social change affected the clients it serves and it became identified in public consciousness as serving social undesirables. The preceding table indicates the rate at which payments in various programs have increased in purchasing power. (A second set of figures is given from 1950, when Aid to the Permanently and Totally Disabled began and the child's caretaker might, for the first time, be included in the ADC payment.) ADC shows the smallest over-all increase by 1957. Moreover by the 1950-1957 period, Old-Age Assistance has moved up from about the same rate of increase to almost twice the rate of increase as ADC. Aid to the Blind has also considerably widened its advantage.

¹⁰ Alan Keith-Lucas, *Decisions About People in Need* (Chapel Hill, N.C.: University of North Carolina Press, 1957). See also Greenfield, *op. cit.*, and Mary Duren, "The ADC Worker's Task: An Approach to Definition" (undated, mimeographed). (Duren is located at the University of California in Los Angeles.)

¹¹ Gordon B. Blackwell and Raymond F. Gould, *Future Citizens All* (Chicago, Ill.: American Public Welfare Association, 1952), p. 40, Table 14; p. 42, Table 16; and p. 121.

¹² *Public Assistance*, Report of the Advisory Council on Public Assistance (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1960). The other federally aided categories of as-

sistance: Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled.

¹³ *Ibid.*

¹⁴ Bureau of Public Assistance, *Money Payments to Recipients Under State-Federal Assistance Programs* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1959).

Problems in the ADC Program

It only remains to note that lower levels of payment are not just a relative matter, but mean that levels of payment are below what is commonly regarded as adequate. In fact, measured against U.S. Department of Agriculture food costs, only one state appears fully to meet the needs of recipients.¹⁵ The inherent conflict within a program intended to be rehabilitative but suffering from public disfavor is poignantly noted by the rehabilitation studies that are being made in increasing number. In one way and another these frequently say, "The economic deprivation prior to and subsequent to receipt of ADC means [the ADC parents] have lived in deprivation for a number of years. In addition to the complete depletion of material resources they have quite often an accompanying depression of motivations, self-confidence, mutual respect between spouses, personal dignity . . . [which] have made the rehabilitation of the parents . . . much more difficult. . . ." ¹⁶

First proposition: *In the present social context, the ADC program operates selectively to serve families who are not only disadvantaged economically but who meet with social disfavor. Many needy families with children are excluded from the program; those who are included receive less favored treatment than other public assistance recipients.*

THE WORK DILEMMA

When the assumption that women would stay at home with their children if they were not in grave financial need accorded with the feelings of most women, the program had little problem in this area. Now women elect to work even though they have children, and particularly those mothers elect to work whose husbands' income is low or who are without husbands. The problem now arises not only in connection with the

general question of *whether* women should work. There are the conceivably more important questions of what is being done to the mother's area of choice about work and to the quality of her feeling about work.

In its early years, the ADC program fitted into the economy in such a way as to offer a genuine choice to a mother. This is not to say that the program assured that she could get a job if jobs were scarce or if what she offered to an employer was very little. On the contrary, it is evident that the program was written when it seemed desirable to attract women out of the labor market, leaving more jobs for men. The effect, however, was that if a mother desired to work and could find employment, she did. If she preferred to stay at home, her right to do so was affirmed in accepting her for ADC. The *Handbook of Public Assistance* says that ADC should "make it possible for a mother to choose between staying at home to care for her children and taking a job away from home." The role of the public assistance agency is "to help the mother arrive at a decision that will best meet her own needs and those of her children." It should make it possible for an ADC mother "to exercise some degree of choice as to what course of action she should follow with respect to seeking or continuing employment and to make a decision in consideration of her special circumstances, especially the extent to which the age or condition of her children may make her continuous presence at home desirable or necessary." The emphasis is all on choice and particularly on free choice to stay at home.¹⁷

The situation is different when there *are* jobs for women and when work for women is acceptable, if not (for public assistance clients) approved. The free choice that these mothers once had is now being eroded from opposing directions. On one hand, seventeen states formally specify that

¹⁵ *Public Assistance, op. cit.*, Appendix B. See also Blackwell and Gould, *op. cit.*

¹⁶ Fulton County, Georgia, *op. cit.*

¹⁷ Bureau of Public Assistance, *Handbook of Public Assistance, Part IV* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1946), Sections 3401 and 3401.1.

mothers must work if they can make adequate provision for the care of their children. Even where the attempt is made to administer these policies most thoughtfully, in the end there must be criteria to determine whether or not a mother is expected to work—not by her own but by welfare department standards.¹⁸ Seven states may deduct from the ADC grant what they calculate would have been the earnings of a mother who refused available employment. In many counties and states where there is no formal policy, the caseworker and administration are apt to assert their own expectation that mothers work. Where there are no formal policies there will not, naturally, be criteria, but the extent of the pressure on the mother measures the diminution of her freedom to choose.

On the other hand, the basic legislative design of the program—that is, the way the budgeting process relates a mother's income to her grant—makes work meaningless as a means of increasing her income. With exceptions we shall mention, the money she earns is deducted from her grant; consequently she is no better off financially.¹⁹ To be sure, a woman who can work full-time at a moderately good salary can often earn a great deal more than her ADC payment. The typical ADC mother, however, does not have advanced skills or job training; with children, full-time work is apt to be unsuitable. Consequently her earnings remain near ADC budget level; as income is deducted, with or without work, her income remains approximately the same. The point is often made that earning part of one's own income, even if it does not add to income, is conducive to pride. Aside from this, women may want to work for

other personal or family reasons. It will be generally conceded, however, that especially in an ADC family's circumstances the major incentive is financial. For the ADC mother the financial incentive is effectively excised.

There are two kinds of exceptions to more or less automatic reduction of payments when a mother earns income. One only appears to be an exception. States will budget for a working mother an increased amount to allow for travel or other expenses created by the fact that she is working. Although this may increase the grand total for which her family is budgeted, these are new expenses that must be met and there is no more money available to the family. The other exception is in those states that establish a maximum payment in ADC; though budgeted need may be more, the family receives only the specified maximum. In this situation, the family may earn the difference without reducing the grant. (One bears in mind that the opportunity is created by paying grants below what the state has established as need; this has other effects which we are not attempting to appraise.) Here, then, is a limited opportunity for the ADC mother to increase her usable income. Comparison of the rate at which mothers work in the states which provide this limited incentive and in those which do not should give some indication of the effect of the budget process.

In late 1958 the median state had 10.4 percent of its ADC mothers working.²⁰ Of 34 states with a maximum or similar limitation on payments, 23 states had a higher percentage and 11 had fewer mothers working. Conversely, of 16 states without a maximum, only 2 had a higher percentage and 14 had fewer mothers working than in the median state. Obviously these figures are affected by administration and state con-

¹⁸ Greenfield, *op. cit.*

¹⁹ The legislative design involved is in the provision of the Social Security law that all income must be taken into account in determining need. There is an identical problem in ADC for the adolescent child who wishes to work. To date, the child's problem has occasioned more interest than the mother's.

²⁰ Bureau of Public Assistance, "Characteristics of Aid to Dependent Children Families, October-December 1958," State Letter No. 392 (Washington, D.C.: U.S. Department of Health, Education, and Welfare, October 14, 1959). (Mimeographed.)

Problems in the ADC Program

ditions (the availability of work, for example), but there is an apparent tendency for mothers to work where it will produce some financial result for them. States that provide this small measure of incentive show an increased percentage of working mothers over those that do not; by contrast, the number of working mothers in states with a formal work requirement, as compared with those that do not have it, shows a smaller increase.

To recapitulate, then, we have moved from a situation where ADC provided a choice to mothers in terms of their appraisal of the family's situation. In the present situation, the option to stay home may be ruled out by fiat and the choice to work made meaningless by the budget process. At the same time that modern efforts are focused to maintain and increase self-dependence, in this major area real choice is removed. The mother with low earning capacity finds that acceptance of her application no longer affirms a right to stay at home or to have a choice. In many states and counties she is likely to be expected to work, whether she wishes to or not. On the other hand, earning money brings her no financial advantage. The absence of financial advantage is not new in the ADC program, of course, but this was unimportant when there were no jobs or no desire to work; it is crucial when a mother may prefer to work. To put it another way, it was appropriate that a program for women who prefer not to work should design out the incentive to work. But when women prefer to work and the program may press them to work, it is not appropriate that it should bring them no profit.

Much of the discussion of this problem to date has been polarized around two points of view: first, that mothers ought to be encouraged to stay at home because, in addition to humanitarian considerations, this is the only way to safeguard the development of children; second, that in the present social situation the mother's happiness and, indeed, the child's depend on her being

self-sufficient when she can. Moreover, it is not reasonable to spend public funds for families who can, without special damage, support themselves. In the assertion of one point of view or the other, and the organization of welfare department policy around whichever one is dominant, there has been a tendency to lose sight of the fact that mothers may be more competent to decide their families' needs than administrators.

Having taken on the responsibility to make this decision, public policy moves firmly to north and south at once—that is, simultaneously to require and discourage work. If policy reflects, as it undoubtedly does, growing agreement that women may or even should work, then provision of an incentive should reduce the need for legislative and policy requirements. Still, room would be left for a mother to choose not to work. Obviously, there is a broader question here of the effect of the means test, as it has been applied to date, upon incentive to work when earning ability is low. In ADC this question would not have had importance until women wanted to work and the public wanted them to work. Now it has importance.

How does this ambivalent policy seem to the ADC mother upon whom it focuses? She finds herself at the center of conflicting pressures and, to the extent that she feels she has a choice, she faces a dilemma. This is the conflict inherent in her situation: she is more or less officially pressed to work and she has her own urgency to pay her bills or buy more, but work increases her load and does not add to her income. How can she resolve this dilemma? She can hold fast to her function as a mother and see herself as doing an important job at home, despite want and social pressure. Some women are able to do this. She can drop out of the program or not even apply. That cases are being closed has been amply reported; these will be touched on again in discussing stability. She can become apathetic. She can acknowledge what has become a fact for her, that the welfare department and not

she determines whether she shall work, and respond visibly but without vigor to whatever are the department's current requirements. And she can move back and forth between the possibilities—work irregularly, occasionally, erratically. (Irregular work may have the advantage of not being or seeming to be reportable.) All but the first alternative move not to but away from self-dependence, and they have all been remarked in ADC programs.²¹ They are progressive, making for poor work experience and a cycling of resentment and resignation. Finally, they establish work as something closer to indenture than to self-advancement, and prepare a problem for the mother after her children are grown.

Second proposition: *The operation of the ADC program removes from the ADC mother effective choice about whether she will or will not work to supplement her income. To the extent that she feels any right to decide at all, she feels pressure to work when she is at home and little or no financial advantage when she is working.*

MATERNAL FAMILY OR WHOLE FAMILY?

It is an axiom in physics that to every action there is a counteraction. The ADC program is fundamentally a force for keeping mothers in the home; in counterpart it thrusts away the husband and father. This was not so serious once as it is now, when in the large majority of cases the father is alive. The operative factor is, of course, the legislative requirement of death, absence, or incapacity of a parent. The assertion is a familiar one: that, since he must, the father will absent himself or the family will conceal his presence in order to be eligible for a grant. It is a plausible argument and, though one could wish for more direct studies of the issue, what evidence there is supports it.

As an isolated piece of behavior, it is hard

to conceive that a man who would otherwise stay at home will desert his family so they may receive ADC. The situation is usually more complex—families in trouble have more than one kind of trouble. Deprivation may lead to family conflict, or vice versa. This is especially likely if, as in the subculture of Negroes and perhaps in the attitude of any low-income group in prosperous times, the family's respect for a man hinges on his capacity to support them.²² Then particularly if the family has received ADC once or knows of it, the steps from deprivation through marital conflict to agreement, tacit or angry, that everyone will be better off if the father leaves—these steps are not hard to visualize. On the other hand, the father may leave home out of no conflict at all but in search of a job. If he is unsuccessful, the effects of his failure on him and his family can only be compounded by the fact that his return stops ADC. The New Mexico Department of Public Welfare, analyzing the effect of the recession on its ADC case load, notes that 26.6 percent of the applications in its recession case load were precipitated by loss of the wage earner, compared with 19.7 percent ordinarily. "Previous studies have indicated," it says, "that as economic tensions increase so do desertions . . ." ²³

All public assistance agencies face the problem of deciding what parental absence means. Many take a pragmatic position that when there is a stable, though nonlegal, union the condition of parental absence is not being met. To take any weaker position would seem to encourage living together rather than marriage. To take a stronger

²² Rita L. Lynn, et al., *Children in 104 Families Who Became Ineligible for ADC* (National Catholic School of Social Service of Catholic University, Washington, D.C. in co-operation with the District of Columbia Department of Public Welfare, 1956) and Rita L. Lynn, "Negro Families on Relief (ADC)," a research project at National Catholic School of Social Service (June 1953).

²³ Richard A. Bittman, *Factors Increasing ADC Caseloads in New Mexico* (Sante Fe, N.M.: New Mexico Department of Public Welfare, 1956-57).

²¹ Blackwell and Gould, *op. cit.*; Duren, *op. cit.*; Fulton County, Georgia, *op. cit.*

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position, (which some departments do) penalizes children for the infractions of their parents. In any event, the local department needs to know when there is a man in the picture and exactly what the relationship is. When departments look into this, they generally discover a number of cases that meet their test of stable union or whatever test they have established. The number they find varies. Beyond this, they frequently report that some parents—one or two,²⁴ 9 percent,²⁵ or as many as 39 percent, "were apparently apart for our benefit."²⁶ Moreover, the stable union policy, while it gives no advantage to living together over marriage, shifts the premium to casual sexual contacts. In New Orleans, for example, we find that "we have had several clients . . . tell us that they were going out with men [and] practicing prostitution and we later learned that this was untrue. Generally this is told us to protect a rather stable relationship."²⁷

This begins to provide a picture of the maze of conflicting attitudes, unresolved by the basic law, through which a department must thread its way to reach an interpretation of absent parent that applies to marital and sexual absence. Concern for the child is often at odds with anger at the behavior of the parent. Furthermore, the definition of absence gives advantage to certain kinds of sexual behavior. Though one's tendency might be to encourage behavior which is most like marriage, the logic of a definition of absence moves in the opposite direction. That is, the mother of an illegitimate child by a brief adventure meets the definition more readily than a couple who are married in all respects but the legal ceremony. The

department evaluating these considerations is now deep in moral attitudes, and a further consideration comes into play. It is in a position (and often is pressed) to enforce, by the withholding of money, moral standards which the community will not enforce in its courts. These problems are described here not to sympathize with the public welfare administrator—though one may pause to sympathize—but to make clear that the ". . . plight of mothers and their children often ceases to be the issue."²⁸ Determinations are not being made in terms of the need of the whole family. Considerations are moral, even humanitarian, but the standard which is not applied to policy is, "What unites the whole family?" On the contrary, the emphasis is on getting rid of the man and insulating the mother, and presumably the children, from contacts with other men.

The program's emphasis on parental absence is fundamentally created by the Social Security law, but state policy and practice may aggravate the problem. There is indication that the longer a family receives ADC, the weaker is the father's connection with it.²⁹ Over half the fathers who returned to their families, in a study of absent fathers, had been absent less than a year. Interest in the whole family, then, would dictate efforts to reduce the period of absence, but on the contrary a number of departments set a minimum period—three months, for example—in order to be eligible for ADC.³⁰ ADC checks are rarely written to the father, even though he is at home, not because this suggests itself as

²⁴ Multnomah County (Oregon) Public Welfare Commission, *An Experiment in Administration: A Report on a Project Study of ADC Cases . . . 10-1-51 to 5-1-52* (Portland, Ore.).

²⁵ Lynn, *et al.*, *op. cit.*

²⁶ Louisiana State Department of Public Welfare, "Report on Study of Orleans Parish Review Unit," (September 1954). (Dittoed.)

²⁷ *Ibid.*

²⁸ Elizabeth de Schweinitz and Elizabeth Ross, *Public Assistance and Children at Junior Village* (Washington, D.C.: Health and Welfare Council, 1958), p. 18.

²⁹ Kaplan, *op. cit.*

³⁰ "Ninety Day Ruling on ADC," Report of the FSS-DPW Project (New Orleans, La.: Family Service Society, September 1, 1959). (Mimeographed.) This small study illustrates the hardship which results for the family from such a policy, and how it interferes with the family's struggle to resolve its problem.

more constructive or certain but because the father is not considered. The family is dealt with "as if he were already dead."³¹ Caseworkers are found pressing mothers into separation—joining the "girls' club"—so they may be eligible for ADC.³² A Utah study of the outlook for self-support of its ADC recipients proved inaccurate because possibilities for employment were considered but marriage, which in the end affected almost as many, was not considered.³³

It is possible that the residence requirement operates in a special manner in ADC to promote separation. The numbers affected may be small; this is impossible to ascertain. Though American families tend to move as a unit, men in depressed areas who have exhausted their resources are likely to go ahead by themselves to seek work. This seems a prudent way to proceed. But the father's return to his wife and children makes them ineligible for public assistance. Bringing them to him, if they are in another state, produces the same result. One may argue that it is unwise to move the family before the father is beyond the likelihood of needing public assistance. A New York State study suggests that the period needy families take to establish themselves may be a little more than a year.³⁴ It has already been indicated that the length of separation has a bearing on the likelihood of reconciliation. A program centered on the whole family might not seek to change the initial separation which prudence may require, but it would not introduce an external barrier to reunion to lengthen this period.

³¹ Kermit T. Wiltse, *Social Casework in Public Assistance* (Berkeley, Calif.: California Department of Social Welfare, 1952), p. 8.

³² Duren, *op. cit.*, p. 47.

³³ Utah State Department of Public Welfare, "A Follow Up Report on the Outlook for Self-Support in Utah's ADC Cases," *Public Assistance in Utah*, Vol. 17, No. 3 (March 1956).

³⁴ New York State Department of Social Welfare, *Needy Non-Residents in New York State* (Albany, N.Y.: 1957).

We have already noted that Negroes constitute a high percentage of ADC case loads. The cultural tradition of the Negro, developed during slavery and in the plantation system afterward, is one in which the mother is the focal person in the family. The father's interest was "adventitious" and his influence often curbed by some outside authority.³⁵ Relative lack of opportunity for Negro men in education, training, and employment operates to perpetuate this family pattern. In rural areas, some balance is established because planters seek families with a male member. No such factor comes into play in urban areas, where there are three times as many Negro families with female heads (30 percent of all Negro families) as in rural areas. It is a curious coincidence, but an effective one, that the ADC program—product that it is of an advanced stage of industrialization—keys in with this folk heritage of Negroes to support the matriarch and weaken the role of the father among the families who apply for help. To state this in reverse, a program designed to deal with families orphaned by death moves unwittingly into dealing with families orphaned by their culture—and reinforces that culture.

There is a temptation to shift the responsibility for many of these problems to the caseworker, to his lack of skill or failure to focus on the whole family, but this is a temptation which should be resisted. Two things are inherent in the absent parent provision: (1) there is payment when the father is absent and there is not when he is present; and (2) the definition of absent parent, applied not to death but to sexual behavior, involves welfare department and caseworker in value judgments and the dispensation of justice. The inevitable result is a focus on a maternal family; the caseworker who can avoid this result day

³⁵ E. Franklin Frazier, "The Cultural Background of Southern Negroes," *Institute on Cultural Patterns of Newcomers* (Chicago, Ill.: Welfare Council of Metropolitan Chicago, 1957), p. 6.

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after day is skillful and well-trained indeed.

While the concern being expressed here is for the effect of the ADC program on the man's place in his family, the mother and children are affected beyond their relations with him. For the focus on a fatherless family inevitably eliminates from ADC a number of families who will not accept or cannot meet the policies that are established. Without returning to the general question of the program's coverage, the point here is that the application of the absent parent provision means that children who would otherwise be found in need do not receive assistance. One study indicates that 9 percent of children in families dropped from assistance for these reasons went into institutional or foster placement within a year.³⁶ In the Junior Village study 40 percent of the children in the institution on "census day" had been denied assistance within the past year, more than half of them for reasons connected with the absent parent provision.³⁷ In some cases where the children remain at home, there is increased income from work or from support; in others the children continue to be in need.

Third proposition: *Though the emphasis of the ADC program is on the whole family when the family is defined as children and a mother, the effect is to divide the family in the sense of man and wife and father and children.*

TOWARD STABILITY?

Dependability and regularity are important features of healthy nurture for children, but it is characteristic of ADC that the family situations are in constant movement. Though much of this movement is undoubtedly because these are troubled families to begin with, it is important to inquire whether the ADC program reduces or aggravates uncertainty. There is clinical evidence that children will work out some adjustment to desertion or cruelty, provided

they can know what to expect, but that vacillation and recurrent change leave them even more seriously damaged. Recent investigations of the connection between juvenile delinquency and working mothers points to the *nature* of the work as the key: whether it is sporadic, whether regular plans are made for the children, and so on.³⁸

The observation that constant change is characteristic of ADC cases is based chiefly on an impression of case reports. Only a few attempts have been made to count change within families; they are not comparable with each other, and there is no "normal" group to use as a standard. *Future Citizens All* measured shifts in family structure from first ADC payment to termination.³⁹ (For example, of 2,649 families that started as homemaker and children only, 295 added a spouse by the time of termination.) Between initiation and termination (median time 25 months), 27 percent showed a *net* change in family structure. A Marin County study notes that ten of their nineteen "marked improvement" families showed change in membership—"some [emphasis supplied] were probably for the better."⁴⁰ In their "deteriorating" group of fifteen cases there were three desertions, eight illegitimate pregnancies, five moves out of the county, and one mother who sent the children to relatives out of the county. The absent parent study notes that in more than two-fifths of the situations in which fathers returned to their families, the recent estrangement was not the first.⁴¹

Change in family structure is the most critical type of internal change, but other types are also significant. It has already been suggested that irregular work is characteristic of ADC mothers. The recent

³⁸ Eleanor E. Maccoby, "Children and Working Mothers," *Children*, Vol. 5, No. 3 (May-June 1958), pp. 82-89.

³⁹ Blackwell and Gould, *op. cit.*

⁴⁰ California Department of Social Welfare, *A Study of Marin County, California* (1957).

⁴¹ Kaplan, *op. cit.*

³⁶ Lynn *et al.*, *op. cit.*

³⁷ De Schweinitz, *op. cit.*

Bureau of Public Assistance study must raise some question about the regularity and dependability of the plans that can be made for the care of children in these circumstances. In families with children under 12 years of age, 14 percent had made no arrangement for their care, and 11 percent had left them in the care of other children, 17 or younger.⁴² The financial problem is basic to ADC; even aside from income from work, the ADC family's financial situation is subject to sudden and unpredictable change. In part this results from the effect of appropriations upon payments.⁴³ Considerable current attention is being given to support payments. While the existence of a support order or agreement may reduce the grant, it is far from assuring regular income. During the month of the absent parent study, slightly fewer than a third of the families received the full amount of the father's payment. Over half received no payment at all.⁴⁴ It is hard to evaluate how much of a factor for how many families is change in administrative policies. Written reports give the impression that a great many clients are feeling the effects of welfare department restudy, but presumably reports are written by the departments that are in the process of change. *Future Citizens All* in 1950 noted that of those cases terminated but regarded as still in need, 2 percent were terminated because of "change in agency policy." In 1951, the last year national statistics were collected on reasons for closing cases, 3.9 percent of ADC cases were closed because of "refusal to comply with agency policy" and 3 percent because of "change in law or agency policy."⁴⁵ All these are the changes which can be numbered and counted, however inadequately. Beyond this, one gets from the case reports

an overwhelming impression of continual struggle and negotiation within the families and between the families and community agencies.

We have already said that we cannot know that this is more instability than would be found in any comparably deprived and troubled group of people. What, then, is the direction in which ADC moves? Does it operate to aggravate change or to slow it down? The work dilemma is inherently unstable for the mother and, it may be added, for older children. That neither work nor failure to work can be genuinely satisfying is directly traceable to program operation. The absent parent provision can only mean family uncertainty for the young families who are the current and prospective case load. Those parents who are apart "for our benefit" do not constitute a stable situation. The need to establish that one meets the requirements of absence per se takes on a meaning of its own which may well be in conflict with a couple's struggle to resolve their problems.⁴⁶ The point has already been made that this tends to divide parents; the point here is that, to the extent that division is different from the parents' impulse, irresolution and vacillation are promoted.

When one postulates that there is some virtue in a stable situation, unless change is for the better and gives at least some promise of being maintained, some of the published material about self-support and other demonstration projects raises serious questions of clarity. To begin with, change appears to be valued for itself without consideration of how lasting it is. For example, there is the observation that "... as soon as the parent has come to terms with the agency's requirements and has accepted assistance, she must be helped at once to face what is involved in moving towards giving up assistance."⁴⁷ What is of more

⁴² Bureau of Public Assistance, State Letter No. 392, *op. cit.*

⁴³ Richmond, Virginia, Department of Public Welfare, *Project Assisting, Developing, Counseling* (September 1957).

⁴⁴ Kaplan, *op. cit.*

⁴⁵ Blackwell and Gould, *op. cit.*, p. 42, Table 16.

⁴⁶ Duren, *op. cit.*

⁴⁷ Esther Lazarus, "Social Casework Within the ADC Program," *Public Welfare*, Vol. 9, No. 8 (October 1951), p. 199.

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concern, however, is the impression that two distinct developments are regarded as one in many welfare departments. One is the development to providing social services for rehabilitative purposes; the other is the trend to more rigorous exploration of the possibilities of support and work to hold down the cost of the program. While both objectives can often be pursued at once, it would be naïve to suppose that they are identical. Projects directed to self-support, however, report their results in money saved and cases closed without meaningful evaluation of the consequences for families. Often there is also an attempt to show that closing the cases has benefited the families involved but even in thoughtful departments this material is very far from convincing.⁴⁸ When there is evidence that the making of a support order in some cases almost immediately causes the father to return home,⁴⁹ the possibility must suggest itself that he returns because he finds it cheaper. This closes cases but hardly seems constructive for the family or promising of stability.

These comments are not directed to the need for better research; they add up to the observation that written material shows agency interest in closing cases as a primary end. Obviously, the propriety of businesslike and economical operation of the program is not being questioned here. But general interest in reducing case loads, without attention to the effects on families or with the assumption that the family which leaves assistance is necessarily better served, adds to family instability. The mother who was not prepared to work will lose her job. The father will desert again. Some children will go to relatives and foster homes. The family may or may not reapply for ADC but, either way, they will have experienced another series of upheavals.

Fourth proposition: *In certain important respects, the ADC program operates to add*

to the instability which is characteristic of the troubled families who receive grants.

SUMMARY

We have not tried to count the values of ADC—these have been profound—nor to say what may be done for troubled people in the day-to-day service caseworkers give, or can give. We have looked for major problems and we have found several. The program and its caseworkers continue to serve, but the forces that hamper them in being constructive are large, and conceivably unnecessary.

Nor have we sought solutions in this review.⁵⁰ For example, states that place a maximum on payments were used to estimate whether incentive influences women in taking work. The payment of grants which are lower than need, however, is not proposed as a solution to anything. Mainly, solutions were avoided in the belief that one may tend to see problems or fail to see them in the light of the ends one wishes.

Four interrelated propositions sum up the damage that is done to families by the operation of the ADC program.

That social disfavor focuses upon ADC families increases the pressure toward work and, through regulation of the mothers' behavior, toward a maternal family. The work dilemma and the maternal family are important in producing instability. The maternal family and instability aggravate social disfavor. This is the problem spiral in which the ADC program and the 3 million children and adults it now serves are caught.

⁵⁰ By way of comment on this statement several proposed the abolition of categories or the strengthening of General Assistance. The relationship of ADC to General Assistance has not been discussed here. In some states it may greatly mitigate some of the problems, though it would not resolve the work dilemma. At present, only half the states assume responsibility for General Assistance more or less comparable to that for the categorical programs, and average payments are even lower than in ADC. (See *Public Assistance*, *op. cit.*)

⁴⁸ Richmond, Virginia, *op. cit.*

⁴⁹ Kaplan, *op. cit.*

BY THEODORE ERNST

Residence Laws: Recurrent Crisis

NEARLY EVERY STATE legislature regularly confronts the issue of residence laws. Social workers, lawmakers, citizens—all are perennially troubled by this ancient issue. And in fact the issue that confronts us today in connection with residence laws is hardly new. It had its inception at least as early as 1349 when King Edward III promulgated the Statute of Laborers as an aftermath of the Black Plague. Among other provisions, it forbade the serf to leave his place of residence in response to the demand for labor in the cities. The purpose was to guarantee an adequate labor supply on the manors.¹

As Elizabethan Poor Law developed, this limitation on free movement was expanded to include limitations on the entry of individuals into a community and provisions for their removal. Today these antiquated residence provisions remain typically in the form of residence laws that deny welfare assistance and other privileges to newly arrived residents.

In the more than six hundred years that have passed since Edward III, England has succeeded in no longer being bedeviled by this issue. But for various reasons the United States has been unwilling to benefit from England's experience and example. Today even New York State, in spite of its

85-year-old history of providing for the sick and needy without regard to residence requirements, is as sorely troubled by the issue of a residence law as are those states where there is regular agitation for stiffer residence requirements than already exist.

NEW YORK ILLUSTRATES THE ISSUES

On January 14, 1960, the Cooke-Volker bill was introduced in Albany, which would in essence prohibit anyone with less than a year's residence in New York State from applying for welfare assistance (with but distinctly minor emergency or hardship exceptions).² The relevant issues in New York State are essentially no different from what they are elsewhere in the country. How do residence laws work? Are they successful in achieving their purposes? What happens in the absence of residence requirements? And ultimately, do communities have a right to legislate in this manner against the entry of persons from other areas of the country? Social workers need to be informed about the facts in these issues, active in their free and open discussion, and possessed of a point of view jointly anchored in the pertinent facts and humanitarian values that undergird practice.

A few years ago Peter Kasius asked and efficiently answered the question: "What happens in a state without residence re-

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¹ Karl de Schweinitz, *England's Road to Social Security* (Philadelphia: University of Pennsylvania Press, 1947), p. 1.

² *New York Times*, January 15, 1960, p. 33.

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quirements?"³ Today this question can be answered even more comprehensively than did Kasius.⁴ Furthermore, the answer to this question has significance for every other state in which residence requirements now exist, for it clarifies certain fallacies and attitudes that are raised periodically by the proponents of residence requirements.

A publication of the State Department of Social Welfare describes the background of this issue in New York State:

New York State . . . has provided for the sick and needy, without regard to residence requirements, since 1873. The policy has not changed in 85 years. But the policy of determining what unit of government—federal, State, local—pays for what assistance and care, and in what proportion, has changed from time to time.

Until 1946 distribution of the costs of public welfare between the State and the localities was based on a so-called settlement system. Settlement was defined as having lived one year in a town or city without having received public assistance or care. The cost of aid given to a needy person with settlement in any town or city in the State was charged back to that town or city. A needy person who had no settlement anywhere in the State was considered to be a State charge and the State reimbursed the local welfare department the full cost of aid it administered to such a person.

In 1946 the New York State Legislature . . . abolished the settlement system. . . .

The Legislature substituted the present residence system under which a locality pays part of the welfare costs for certain groups of needy persons in its territory who have resided in the state for one year or more. The State, with some federal funds, pays for assistance and care given to persons without one year's res-

idence. At the end of one year, those State-charged cases that are still in need become local charges. However, State charges receiving hospital care, foster care (children), and institutional care (adults), which account for more than half of all expenditures, never become local charges while under public care and then costs are never passed on to the localities. For the groups of cases that do become local charges, the State and Federal governments pay 50 per cent to 75 per cent of the costs.⁵

In 1956 Kasius commented:

New York has moved a considerable distance from the day when any unsettled person who returned to a community from which he had been ejected could be punished by 39 lashes if a man, and 25 lashes if a woman.⁶

Largely because of the strategic location of New York City in regard to immigration, the state legislature found it necessary as far back as 1798 to create a special fund for the care of the "unsettled poor" in that city. In 1929 the primary method of care for such persons became "home relief" (general assistance), and finally in 1946 New York State abolished the ancient concept of local settlement. Why, then, does the issue periodically recur (of late with increasing frequency and fervor) not only in a state without a residence requirement, but also in other states where more stringent requirements are sought?

CAUSES AND FALLACIES

Dumpson identifies the three basic causes for the persistence of this controversy as being (1) financial concerns, (2) xenophobia, and (3) status-striving by certain individuals and groups in a community,

³ Peter Kasius, "What Happens in a State Without Residence Requirements," in *Residence Laws: Road Block to Human Welfare* (New York: National Travelers Aid Association, 1956), pp. 18-22.

⁴ See especially James R. Dumpson, "Are Residence Laws Necessary?" *Minnesota Welfare*, Vol. 11, No. 4 (Winter 1959), pp. 1-14.

⁵ *The Movement of Population and Public Welfare in New York State* (Albany: New York State Department of Social Welfare, 1958), p. i. (Mimeographed.) This monograph also contains an excellent bibliography on residence requirements.

⁶ Kasius, *op. cit.*, p. 19.

who would use residence requirements as "an effective tool to achieve this end." He says that an analysis of the reasoning of those who support residence requirements indicates three defenses for their position:

1. An effort to protect each political subdivision from having its treasury overburdened by the care of the indigent from other communities.

2. An expression of a general social and economic fear of strangers, of newcomers; a rejection of difference, and an attempt to exclude those who are newcomers and who represent difference.

3. Closely related to the second point is an effort on the part of certain individuals to establish status in the community. Historically, in this country each nationality immigration has tended to look down on the succeeding group as soon as it has experienced the fruits of vertical mobility in America's stratification. Residence requirements become an effective tool to achieve this end.⁷

Certain fallacies inextricably bound to the issue of residence laws die hard. Frequently a lack of information or false information adds fuel to the attitudes and values of those who are the proponents of such measures. At least six such interrelated fallacies can be identified. In most cases the experience of New York State is quite instructive and will be used to illuminate these issues. Substantiating facts and figures are drawn primarily from sources already cited.⁸

FALLACY 1: *Residence laws keep the labor supply where it is needed most.* This was the intention of the earliest residence laws five and six centuries ago. They did not succeed in this purpose then, nor have they since. As a matter of fact, exactly the opposite is needed. A mobile labor force is a necessity for our contemporary society. In New York City, for example, the garment

trade, other light manufacturing, and the hotels and other service trades frankly admit their utter dependence on the past decade's influx of Puerto Ricans and Negroes into the city. In upstate New York and on Eastern Long Island an annual billion-dollar agricultural economy is and will remain completely dependent on seasonal migrant labor. The same situation, of course, is true in many other sections of the country.

The problem of the cities (not only New York, but Chicago, St. Louis, Los Angeles, and many others) in this respect is that increasing industrialization and urbanization continue to require mobility and the increasing movement of individuals from the more sparsely populated areas into areas already more heavily populated.

FALLACY 2: *Residence laws reduce the entry of "undesirable" individuals.* It is simply a fact that many states with relatively high residence requirements frequently have higher immigration or in-migration rates than elsewhere in the country. In fact, Dumpson cites figures to show that certain states with residence requirements have recently had higher increases in their Aid to Dependent Children case loads than New York City has had without a residence requirement during the same period, as follows:

	Percent Increase
New York City	14.5
Upstate New York	21.6
Pennsylvania	28.0
California	23.7
Illinois	24.8
Michigan	17.9
Ohio	20.9
United States	14.8

Clearly factors other than residence laws or lack of them operate to determine this internal migration of individuals. Not infrequently it is the search for a job (or a better job), not for a dole. And the new job exists, but when found it does not pay a living wage. If not for a job, studies show that such movement of population is still not determined by opportunities for

⁷ Dumpson, *op. cit.*, p. 4.

⁸ See especially *The Movement of Population and Public Welfare in New York State* and Dumpson, *op. cit.*

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easy receipt of relief. Movement may also be for better economic opportunities, better educational opportunities for children, better living conditions, better climate, joining relatives or friends.

FALLACY 3: *Residence laws force the indigent and irresponsible to leave quickly.* This is simply not true. They suffer every conceivable privation. They receive totally inadequate help and assistance through various channels never intended or equipped to fulfill such a purpose (by and large from the voluntary social agencies, veterans' organizations, the Salvation Army, and so on). It is no reflection on these agencies that they cannot provide the necessary resources and services to meet the needs of such individuals and families. They do not have such resources and should not be charged with this responsibility. It is clearly a public (governmental) responsibility. Without assistance these people contribute to social breakdown statistics that could be prevented by early intervention—divorce, illegitimacy, infant mortality, delinquency and crime, and morbidity and mortality rates. *But they do not leave!* After all, where could they go, and to what advantage?

FALLACY 4: *Relief eligibility that does not include a residence requirement becomes prohibitively expensive.* The experience of New York, both city and state, directly contradicts this proposition. In 1957 and 1958, precisely when residence has been such an issue in New York State, "state charges" (recipients without at least a year's legal residence) comprised less than 2 percent of case loads and less than 2 percent of total expenditures.⁹ These figures include costs for public assistance, foster care of children, and hospital and adult institutional care. While these expenditures exceeded \$3 million for the first six months of 1958, they were but a small portion of total welfare expenditures for the same period, which were well in excess of

\$150 million. The introduction of a residence law, no matter how punitive or excluding, would reduce the cost to the taxpayer, at the most, infinitesimally.

FALLACY 5: *Residence laws save money.* Perhaps they do—at the cost of human lives and well-being. But actually residence laws are costly to administer in terms of time and money. A small state reports an estimate of over one hundred thousand dollars annually that may be charged *only* to administering its public welfare residence law. In many states there is a good chance that more money is being expended to enforce residence requirements than would be necessary if there were no such limitations. To this point Dumpson quotes Jay Roney, former director of the Bureau of Public Assistance:

Question can be raised whether these costs plus the cost of assistance sent out of the State to residents temporarily absent, do not balance the cost a state might have from giving assistance to needy persons who have lived in a state for a shorter period than is now specified in its law. The evidence points this way.¹⁰

And, of course, the real social cost in the long run of inadequate, delayed, or nonexistent assistance at an early point can never be accurately calculated—in fact, is measured not in dollars and cents but in lives. And this cost will eventually be paid and paid dearly. Nor have we even mentioned the adverse effect of residence laws on other programs that are in the public interest—provisions for medical and mental health services, the care of dependent and neglected children, and so on.¹¹

¹⁰ Jay L. Roney, quoted in Dumpson, *op. cit.*, p. 13.

¹¹ See especially Edna Hughes, "The Cost to Children of Restrictive Residence Provisions"; V. Terrell Davis, M.D., "How Restrictive Residence Laws Hamper Psychiatric and Mental Health Services"; and Ruth B. Taylor, "Medical Services Hampered by Restrictive Residence Requirements," in *Residence Laws: Road Block to Human Welfare*, pp. 23-31. Cf. also Elizabeth Wickenden, "The Social Cost of Residence Laws," *Social Casework*, Vol. 37, No. 6 (June 1956), pp. 270-275.

⁹ *The Movement of Population and Public Welfare in New York State*, *op. cit.*

FALLACY 6: *States or other communities have a right to legislate against the entry of "undesirables" and, relatedly, to protect such undesirables against themselves.* This is the fallacy that underlies the argument of the xenophobe especially. A correct understanding of its implications is crucial to the entire issue.

By a curious kind of reverse logic one protagonist of a residence requirement recently concluded that since all races, creeds, colors, and classes pay taxes, they ought all to be protected against undesirables of whatever race, creed, color, or class! In a supporting statement, sponsors of the Cooke-Volker bill in New York State say: "True concern for these hapless persons can best be shown by discouraging them from starting on their ill-starred journey here in the first place."¹²

The underlying attitude is certainly fear and refusal to countenance differences. Implied in all such statements is that the right to free movement under certain circumstances *should* be legislated against. (That it has been legislated against regularly, existing residence laws bear ample testimony.) If democracy is to be vital, the opportunity for freedom in its widest sense must be permitted, provided, and encouraged. Any limitations on individual freedom are not in the spirit of a democratic nation, for even the limits of personal freedom are ideally self-determined. Residence laws are but one of the ways of removing the possibility for each individual to discover for himself the social limits to self-determination.

Furthermore, Jacobus tenBroek makes a strong case for a *constitutional right to free movement*.¹³ He concludes that the right to free movement should be treated as a basic right and constitutionally protected accordingly. While not explicitly stated in the Constitution, he believes that it is cer-

tainly implied and sheltered in the equal protection concepts of the Fifth and Fourteenth Amendments. This right, he says, has three elements: (1) to remain and freely move within your home community, (2) to leave it unhindered and to travel elsewhere for temporary or permanent residence purposes, and (3) to stand upon an equal footing with the old residents at least in regard to essential rights and services. TenBroek further asserts that the Supreme Court has certainly not adequately protected this right and that present requirements, especially as they differ so widely from state to state, operate as an unconstitutional impairment to the right of free movement.

Finally, he concludes that the intent of the Constitution is that even the newly arrived person shall have residence and that various state laws violate the intent of the Fourteenth Amendment in denying to new residents the franchise, the right to practice certain professions or trades, or any other similar rights, including the right to welfare assistance.

The Fourteenth Amendment, July 28, 1868, reads:

Sec. 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

SUMMARY

In summary, residence laws are an antiquated hangover of Elizabethan times; they do not work; they are impractical and costly to administer; they do not save money; they serve no useful purpose; they may well be unconstitutional. They are supported for reasons noted above—financial, xenophobic, status-striving. The finan-

¹² *New York Times*, *op. cit.*

¹³ Jacobus tenBroek, *The Constitution and the Right of Free Movement* (New York: National Travelers Aid Association, 1955), pp. 1-15.

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cial arguments, as has been shown, are essentially invalid. The other reasons must be counteracted by action programs on the broadest and most basic community and societal levels. But above all else, residence laws are punitive and inhuman. More important by far than any of the preceding refutations, however cogent, is a point of view and a value orientation and philosophy. Shall our provisions for social welfare for all our citizens, whether today's arrivals or lifelong residents, be characterized by an essentially "ruggedly individualistic, dog-eat-dog" philosophy that can coldly turn its back on the stranger in our midst (who is, in point of fact, a fellow citizen)? Shall we return to the era of the "bum," the vagrant, the handout at the back door? Or shall our provisions for social welfare

be characterized by an essentially humanitarian philosophy that has its roots in the ethical and religious foundations of our society and our profession? Such a philosophy welcomes difference and change and rejects any destructive status-seeking. It considers rather, and acts on the basis of, factual evidence. The tenor and avowed purpose of residence requirements are not consonant with such a philosophy. The idea of residence laws is a punitive one; it is repugnant to the entire philosophy that undergirds our welfare programs and policies today. It is again time to say, as Benjamin Youngdahl said more than a decade ago: "Social Workers: Stand Up and Be Counted."¹⁴

¹⁴ Benjamin Youngdahl, "Social Workers: Stand Up and Be Counted," *The Compass*, Vol. 28, No. 3 (March 1947), pp. 21-24.

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BY HELEN REHR

Problems for a Profession in a Strike Situation

ON MAY 8, 1959, a strike of nonprofessional workers was called by Local 1199 of the Retail Drug Employees Union at six hospitals in New York City. At Mount Sinai Hospital 600 out of a possible 1,800 workers walked off their jobs, leaving the hospital to find ways and means to run itself on behalf of its patients. Apart from the impact of such an action on the patients themselves, every administrative and professional person was without doubt facing his own conflict between patient care and the plight of an underpaid personnel. How to resolve it was a question social workers employed at this hospital had lived with since early April, when the first strike threat loomed.

The incident of the strike and the subsequent differences in conduct on the part of social workers are suggestive of the confusion our profession faces. Half the staff remained on their jobs while the other half refused to cross the picket line. The fact that two divergent courses can be followed by social workers reflects the need for social work to examine its professional ethics for future contingencies. Therefore, in the hope that the future can bring the profession closer together, the incident at Mount Sinai Hospital is described here.

For the profession of social work a strike occurring in an institution or agency where it functions creates a series of basic conflicts for action. Workers initially feel most sharply their concern for patient care—a primary ethical tenet of service to the client

taking precedence over all other concerns. Then arises the next and perhaps most deeply rooted, traditionally set concern of social work: the social welfare of the underprivileged. Compounding the problem is the democratic tenet of exercising the civil right of choice as a human being in our society—the issue of crossing a picket line.

The very large question of the relative merits of the positions of union and management that ultimately resulted in a strike against a hospital where patients would be affected cannot be dealt with in this paper. It is important to state, however, that whether or not a working individual at the hospital was involved in the union's decision to strike, all personnel—professional, technical, and unskilled groups—were in the final analysis affected by the walkout. In some instances, over and above the premeditated decisions for prescribed behavior by either union or management, the professional groups representing the doctors, nurses, and social workers gave guidance to their members.

The strike, which had threatened since early April, occurred on May 8 after negotiations between union and management via local government officials broke down. Doctors and nurses stayed at their posts. Within the social service department, following initial administrative attempts to determine what course members of the professional staff would take, on May 6 a statement from twenty workers was received to the effect that in the event of a strike they would refuse to cross the picket line. Out of a professional staff of thirty-nine, all twenty signatories remained out on the first day of the

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strike, but within the first week four had returned. On May 21, when negotiations again broke down, a letter was addressed to the sixteen who were out asking them to return to their patient services by May 25 and stating that, should they not be able to do so, their decision to resign would be recognized. On May 25 all returned but two, whose resignations were subsequently processed. In the final strike settlement on June 22 all strikers and absent workers were invited to return to their jobs, and both workers returned as of July 1.

The confusion among professional practitioners was evidenced also in the unclear position of two schools of social work whose students were assigned to the hospital for training. The schools, with eleven students involved, removed the students on May 8. As the strike progressed, and in recognition of the close of the school year, one school as of May 21 modified its position to "allow" students to return to fulfill their terminal responsibilities, but left the decision to return with the student. The other school followed a similar course. Four out of eleven students returned to the hospital in the final week of the term; the others brought their material up to date by means of telephone calls or written notes to their clients.

This experience raises many questions for social work as a profession, and therefore, one must believe, for the professional organization through its membership.

POSITION TAKEN BY DOCTORS AND NURSES

Wilensky and Lebaux make reference to what constitutes a profession.¹ They suggest that in addition to technical skills derived from experience and/or training, professional status claims adherence to certain moral norms that characterize it. These are cited as technically competent high-quality service; an impersonal, impartial, and

objective self; and a motivation predicated on a service ideal which in all treating professions is a devotion to the client's interest. A professional person is one, therefore, with both technical ability and adherence to a set of professional norms. "The degree of professionalization then is measured not just by the degree of success in the claim to exclusive technical competence, but also by the degree of adherence to professional norms of conduct."²

In the situation of a nonprofessional strike at the hospital it is important to note how the professions conducted themselves vis-à-vis their professional groups. Despite individual concerns for the underpaid personnel, and whatever steps were taken individually, the doctors through the Medical Society of the County of New York stated their position, condensed for *New York Medicine* as follows:

The primary interest of the medical profession is the welfare of the patient. Any action of an individual or an organization which interferes with the proper discharge of this professional function in the care of patients cannot be condoned. The Medical Society of the County of New York has not been in the past nor is it now opposed to unionization, but it is opposed to the power of any such union to strike against the sick. In the event of a strike, the 7000 physicians in the membership of this Medical Society will regard the care of the sick as their primary obligation and act accordingly.³

The nurses, despite their individual concerns, reflected their professional position through a statement issued by the officers of the New York State Nurses Association, distributed first to all members and later sent to the administration of the struck hospitals. The content as described by the editors of a nurses' publication makes reference to the American Nurses' Association's aim to be the spokesman of nurses in mat-

¹ Harold L. Wilensky and Charles H. Lebaux, *Industrial Society and Social Welfare* (New York: Russell Sage Foundation, 1958), pp. 283-334.

² *Ibid.*, p. 285.

³ Comitia Minora, *New York Medicine*, Vol. 15, No. 10 (May 20, 1959), p. 391.

ters pertaining to all facets of nursing, including acting as their bargaining agent.⁴ The statement itself very clearly cites its concern with the two issues that also faced social workers—the employee's right to organize and the welfare of the patients.

It is the belief of the New York State Nurses Association that all employees should have the right of full freedom of association and liberty of contract accorded by contemporary legal and social sanctions. In a hospital situation there exists a primary concern for the welfare of the patients which, for all those engaged in a healing art profession, exceeds the self-concern of either employee or employer. For this reason, professional nurses have voluntarily relinquished the right to strike in the belief that this rejection obligates employers to deal justly with nurses through their authorized professional representatives. Also for this reason, professional nurses have adopted the policy that, in recognition of their legal and ethical obligation to patients, nurses should maintain a scrupulously neutral position in regard to labor-management relations between their employers and non-nurse employees. Especially during any dispute which may arise, nurses should avoid participation in activities designed to influence the outcome of the dispute, whether these activities are conducted by non-nurse employees or by management. They should neither, as partisans to the non-nurse employees, refuse or fail to carry out their proper and necessary nursing duties; nor, as partisans of management, accept the assignment of duties normally discharged by the non-nurse personnel unless a clear and present danger to patients exists. The welfare of the patients should at all times be the primary concern of the nurses.⁵

⁴ "Hospital Strike!" *R.N.*, Vol. 22, No. 7 (July 1959), pp. 33-37, 76-78.

⁵ Statement dated March 31, 1959, to District 13 members from Cora E. Pike, R.N., President, District 13, New York State Nurses Association and Esther M. Thompson, R.N., President, New York State Nurses Association, sent to administrators of struck hospitals.

POSITION TAKEN BY SOCIAL WORKERS

The unevenness in professional conduct evidenced by social work was not seen in the older professions. Medicine and nursing, which have had more years of professional existence than ourselves, enunciated a clear position for their members; both older professions through their professional groups expressed their primary responsibility for patient care. It is, therefore, of extreme interest to note the position of the New York City Chapter of the National Association of Social Workers. This was stated in a letter dated April 17, 1959, to directors and presidents of the boards of trustees of the six hospitals involved and was released to the local newspapers, appearing under "Letters to the Editors" in several. The letter is quoted in its entirety:

Dear Doctor:

The New York City Chapter of the National Association of Social Workers, composed of 2300 professional social workers who are employed in this City, is increasingly concerned about the current hospital situation—specifically the impasse between the hospitals and the unions which are seeking recognition.

Among our concerns are matters immediately affecting social workers employed in your hospital. I have been requested by our Board of Directors to write you and the President of your hospital that it is the position of this professional organization that in the event of a strike, which is currently scheduled, each employee has a right to determine for himself whether or not to report to work and any action taken by an employer which penalizes an employee for exercising this right violates the employment rights of the employee. It is also our position that any employee who reports to work during a strike should not be required to assume duties other than the professional social work duties for which he is employed.

It is the stated position of the National Association of Social Workers that em-

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ployees have a right to belong to a union of their own choice for purposes of collective bargaining. Therefore, in this present crisis, we urge that (1) you hold an election wherein employees may indicate their choice of collective bargaining through union representation, (2) you recognize the union of the majority and agree to arbitration of the issues with the resulting decisions to be binding on both parties, and (3) the union forego the right to strike in the presence of established machinery for arbitration in view of the public services rendered by your hospital.

We urge that you lend your assistance to a peaceful resolution of these issues.

The letter was signed by the chapter chairman.

In the context of this stand, the absence of half the professional social work staff may raise some question as to the attitude of the social service administration of the hospital and its possible influence on workers to act as they did. The administrative position was consistently that responsibility to patient care was primary.

It is significant that the local chapter of the National Association of Social Workers urged a peaceful resolution, dwelling on the recognition of "right to belong to a union of choice," as did the nursing group. The difference from the older professional group's statements lies in the social workers' emphasis on the right of self-determination in the question of reporting to work.

This encouragement given to workers by their professional organization to act on an individual's civil right at the cost of the patient's welfare was anathema to the other professions. They felt that the general welfare of employees was as much a concern of their professions as our own. Nevertheless, all three professions saw a "no-strike" provision as essential to resolution. In two of them, directions for professional demeanor toward the patient in the event of strike were clearly stated.

WHAT CONSTITUTES PROFESSIONAL BEHAVIOR?

In his discussion of occupations, Theodore Caplow observes that a set of specifications exists for occupational behavior controls. This is particularly true of the professions. Here the most important of these specifications are set down in a code of ethics. The code is in effect a "whole series of contractual relations between practitioners and clients, among practitioners themselves and between practitioners and the State."⁶ The most ancient of these codes is the Hippocratic oath. Most professions model themselves on this famous standard-setting document. In essence the content of professional codes covers the prohibition of acts at the expense of the client and/or the general welfare and/or the profession, plus rules of eligibility for membership. The author notes that the longer the period of professional formation, the more assimilated and internalized are the rules. The greater the identification with the professional group or agency, the less the resistance to the rules. Resistance is also less when the rules are uniform and as constant as possible.⁷

Indigenous to the profession of social work is a code of ethics released originally by one of the forerunners of the more recently formed over-all professional organization—the National Association of Social Workers—and endorsed by that organization pending its review in the near future. The Code of Ethics for social workers opens with the statement, "The principles of ethical conduct which follow define the discipline necessary for carrying out the purposes of the profession, are binding upon members . . . and should be binding upon every person practicing social work as a

⁶ Theodore Caplow, *The Sociology of Work* (Minneapolis, Minn.: University of Minnesota Press, 1954), p. 114.

⁷ *Ibid.*, pp. 115-121, 137-140.

vocation."⁸ In its section relating to principles of professional conduct in relation to clientele, the code states in Items 1 and 2 that the social worker should

1. Regard as his primary obligation the welfare of the persons served, consistent with the common welfare and as related to the agency function and/or defined by law.

2. Accept that in professional relationships his professional responsibility takes precedence over his personal aims and views.⁹

There are other items relating to demeanor with clientele, agency, community, colleagues, and the profession itself. However, these two seem primarily applicable to the situation. In both these tenets, in addition to the ethical concern for the client as a responsibility of social work, there is the other large concern of our profession—the general social welfare.

Social work is historically and traditionally concerned with the welfare of people, especially the disadvantaged. This concern is perhaps more basically and historically noted in the development of the profession than in the development of casework, which is an outgrowth of the concentration on individual psychology in interaction with broad social forces. With the development of the casework counseling process (borrowed earlier from psychoanalytic theories, with more recent additions from sociology, anthropology, and the like), the social work profession has concerned itself with teaching and practice in individual and small-group social therapy. In this emphasis social work is said to have tried to model itself after other treating professions—medicine in particular. The current emphasis in social work, as in medi-

cine, is on its scientific, professional healing and helping base. This underlines both the technical and humanitarian aspects of the treating professions.

The general social welfare cannot be the sole prerogative of any group, nor can concern for it be the basis for a profession. It is without doubt every citizen's duty, and has been cited as an ethic for all professions. Talcott Parsons makes particular reference to it with the term "collective-orientation" as an ethical tenet for professionalism. He suggests that in the protection offered, first to clients and second to the professional, lies the exclusion of self-involvement on the part of the professional.

Translating Parson's theory for the social work profession: a professional self-image must be created. It starts with the student-in-training and is further evolved by the professional through experience. Initially there is the development of the concept of impersonal relationship limited by professional and agency function. Although intimately involved in the client's content, the worker maintains an objective separation, thus keeping otherwise intimate-making content professional. In addition, impartiality is a must. One's personal attitude toward the client cannot enter the relationship, nor can the worker's personal or commercial concerns transcend the client's need. The giving and/or withholding of services constitute not a personal decision but a professional one, based on a number of factors. These are related primarily to what is essential for the client within the framework of the service to be given. Since all professions espouse the service ideal, it is also a norm of professional achievement. The client who is in trouble, requiring help, agrees for services rendered to a relationship with the social worker in which no results can be guaranteed. In return, the professional agrees to subordinate his own interests and causes. The "privileged confidence" the client gives the worker translates itself into the professional's commitment to subordinate his own

⁸ *Code of Ethics* (New York: National Association of Social Workers, 1956), p. 1. (Mimeographed.) See also proposed Code of Ethics, *NASW News*, Vol. 5, No. 2 (February 1960), p. 5.

⁹ *Ibid.*

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interests.¹⁰ It is evident that the emphasis on casework in the later years of a very young profession requires of the practitioner ethics which may not always be compatible with the social and moral ethics required for the general social welfare.

SHAPING THE PROFESSIONAL ATTITUDE

No single individual social worker can create the model for the social work profession. He can only reflect the ideal as set forth by his professional organization's commitment to specific ethics. In the situation of a strike, personal and professional conflicts arise. The fact that social workers can interpret and act upon a code of ethics in diametrically opposed ways suggests the confusion engendered by their own emotion. The position taken by the local chapter of the professional organization in this case may reflect and certainly compounds that confusion. It is worth noting again that, while half the department saw a professional obligation and commitment to continue in the social treatment of patients as an essential part of medical care, the other half saw their professional obligation fulfilled in exercising the civil right to refuse to cross the picket line.

It is true that the long-term dedication to social welfare which is social work tradition perhaps contributed to the confusion. The position taken was obviously in support of the right of any group of workers to form a union of choice for the purpose of collective bargaining. One must wonder whether such support could not be maintained by other methods rather than at the cost of a professional responsibility to one's clientele. The two other professions directly involved made clear their positions with regard to unionization of nonprofessionals in hospitals, but their initial reminder to members was that the patient would be served within the professional scope. It is,

therefore, a singular gap in the position of the local NASW chapter that it made no reference in any of its statements to professional obligation to patients, while it emphasized the individual right: "... Each employee [social worker] has a right to determine for himself whether or not to report to work. . . ."

Jeanette Regensburg in her article on being a professional social worker refers to her assumption that "the development of our practice into a profession has been and remains uneven." In her discussion of the vital importance of the Code of Ethics, she suggests that it is the "faith and conviction" and "foundation" on which the profession rests. There is no doubt that while "values, conscience, and judgments concerning professional practice may meet in apparent conflict, conflict can be resolved when we weigh each of its elements and are clear about the priorities that need to be established in a given situation. Thus, even with an accepted code to follow, the professional social worker is constantly called upon to integrate thought, feeling and values, in his work with those he serves."¹¹

If one upholds the belief that the social worker should "regard as his primary obligation the welfare of the persons served" and accept the view that "his professional responsibility takes precedence over his personal aims and views," one needs to examine also the action of the two schools of social work in the light of their responsibility for the teaching of ethics to students. The assumption in social work education is that teaching leads toward preparation for a profession and professional conduct. The schools acted identically (in removing students from the social service department of a struck hospital), but they acted from slightly different premises. In essence the principle involved was that a struck setting was "not conducive to sound learning experience." There certainly could be little

¹⁰ Talcott Parsons, *The Social System* (Glencoe, Ill.: The Free Press, 1951), pp. 433-435, 455-465.

¹¹ "Some Thoughts on Being a Professional Social Worker," *Social Casework*, Vol. 40, No. 4 (April 1959), p. 223.

argument with the fact that a strike in an agency makes daily living and working there hectic, problematic, and disturbing. The concern one has with this particular action is the absence of coming to grips with the ethical obligation to clients.

Charlotte Towle in her book dealing with education for the professions states that "in the professional school, the basic aims of professional education are the same for all students, each of whom is a professional person in the making."¹² In the evolution of the learner to the professional considerable internal struggle occurs before there is the assimilation of knowledge, technical ability, and ethics that makes a professional person. Similarly, grappling with the reality of daily experience—whether with client, colleague, agency, community, or even school—is part of the process of change in the learner. One wonders, then, about withdrawing the student from struggle with the conflict; about initially preventing the student from fulfilling his responsibilities to his clients directly; about—in the final analysis—"leaving the student the choice" to return to complete his transfer and discharge his duties to his clientele. Is this effective training for the ethical principle of commitment to client welfare, for dealing with external and internal conflicts related to these ethical concerns?

¹² Charlotte Towle, *The Learner in Education for the Professions* (Chicago: University of Chicago Press, 1954), p. 5.

The question emerges: is there no room for the social worker's expression of right of choice, self-determination, and furtherance of personal ideology? Charlotte Towle states, "A profession has a philosophy by which its practitioners are guided to the extent that they are not free agents but instead are obligated to act in accordance with the rationale, the ethical system, of the profession." In the practice of his profession, in the setting to which he is committed, a social worker is, in addition to his professional self, the agency. The agency's responsibility to human welfare is to permit policies and procedures to further the aims of its professional practitioners. "It is clear, therefore, that professional education does not prepare for individual self-expression—for the independent acting out of one's urge in the interest of self-gratification or self-realization."¹³

Yet there must be a place for the social worker to act upon his own individual concerns. In our society, in the many roles into which we daily fit and in which we function, there is room for the individual—the human being who is also social worker—to voice his thoughts and beliefs; but not at the cost of his profession, his agency, or his patient's welfare. Social work needs to examine itself. How professional is the profession of social work?

¹³ *Ibid.*, p. 11.

BY SIDNEY E. ZIMBALIST AND WALTER W. PIPPERT

The New Level of Integration in Community Welfare Services

THE DEVELOPMENT OF welfare services over the decades has followed a recurring cycle of specialization and integration. Spurred by the increasing needs and complexities of society, new agencies and programs have mushroomed. Along with this tendency, however, there have from time to time appeared balancing mechanisms to pull the pieces together. Thus, the charity organization societies, the councils of social agencies (later the community welfare councils), and the community chests (later the united funds) were each an expression of the co-operative drive in welfare programs, intended to overcome the fragmenting effects of multiple separate services.¹

It is the thesis of this paper that in the larger communities we are now in the early phases of what may become a great new cycle of program integration in social work—the “central” channeling of multiagency services. We appear to be reaching a stage in the natural growth sequence of the profession requiring more effective co-ordinating devices. Before pursuing this theme, however, let us first trace briefly some of the earlier cycles referred to above. We may then be in a position to place the current developments in clearer historical perspective.

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EARLY INTEGRATING EFFORTS

The charity organization movement. Almost a hundred years ago the point had been reached at which the administration of private relief in the larger cities had become excessively cumbersome, owing to the multiplicity of agency programs. With several private relief agencies in operation, it was possible for some clients to obtain duplicate relief, for others to be shunted futilely from one agency to another, and for rehabilitative efforts to be diffused and ineffectual.

The charity organization movement represented an effort at integration—an extreme one, to be sure, sometimes resulting in the consolidation of a number of local relief agencies. This new, merged structure then became the forerunner of the modern non-sectarian family service association.

In addition, significant community co-ordination and organization functions—such as the social service exchange and the case conference—were developed by the early charity organization societies and their successors, until these were in many cases later taken over by the councils of social agencies. As expressed in one account, “the time came when the charity organization movement for the most part vacated its claims to the throne of general co-ordina-

¹ See, for example, William J. Norton, *The Co-operative Movement in Social Work* (New York: The Macmillan Co., 1927), pp. 18-49.

tion, and settled down in the family welfare field."²

The chest and council movement. Though frequently thought of together, community chests and councils actually had partly independent inceptions. The roots of the councils of social agencies extend back into the charity organization movement of the past century. They began as associations of local agency representatives, to improve co-ordination of services and consider issues of common concern. The first council is usually considered to have been launched in Buffalo in 1908, though there were earlier prototypes.³

Chests developed largely in response to the increasing numbers of fund-raising drives around the time of World War I and the period following. Their close association historically with councils derives from the fact that the rapid growth of federated financing during the twenties gave great impetus to the development of councils as the planning and co-ordinating arm of voluntary fund-raising. For more than a quarter of a century these structures have carried much of the responsibility for maintaining integrative balance in local agency planning and financing.

The united funds and councils. Since World War II, community chests have for the most part been succeeded by the more comprehensive united funds. The primary push behind the united fund movement came from the need to encompass the new health programs and other "causes" which had arisen outside the chest structure.

Councils, too, have been impelled to re-examine their base of operation. As a result many are giving increasing emphasis to community-wide problems and priorities;

to the rapidly growing public programs; to long-range planning and basic social policy issues; to close co-ordination with physical and economic planning groups; to the expanding geographic coverage of metropolitan areas; to top-level lay participation and leadership; and to large-scale community welfare research.⁴

Thus each era in the development of social work has seen the flowering of new services and programs, calling forth eventually a parallel development for their integration, to the end that the individual in need should not become lost in the growing welfare maze.

PRESENT CHALLENGE

Bigger and better planning on the part of community welfare councils—vital as this is—may not in itself provide the complete answer to the challenge of integrating present-day social needs and services. The necessary synthesis may have to go beyond their present primary functions of co-ordination and planning at a budget and policy level. It may have to reach beyond these to the individual in need.

In a sense, we are confronted with a multiple-agency problem similar to that which faced the field in the early days of the charity organization movement, though now greatly magnified and aggravated. The average large city has scores of welfare agencies of diverse types. Many of these have similar functions; frequently they have rigidly defined services and eligibility requirements. There is consequently a growing risk that the individual client will be lost sight of, with no single agency taking over-all responsibility for seeing to it that he gets the help he needs. As a result, services involving a number of agencies

² *Ibid.*, p. 22.

³ Wayne McMillen, *Community Organization for Social Welfare* (Chicago: University of Chicago Press, 1947), pp. 320-321. He later states (p. 416): "The [council] movement spread slowly, however, until federated financing brought into sharp relief the need for closer working relationships among the agencies."

⁴ Howard F. Gustafson, "The Changing Functions of Community Welfare Councils and Their Research Programs," in *Issues in Community Welfare Research* (Indianapolis: Health and Welfare Council of Indianapolis and Marion County, 1958), pp. 33-42.

Integration in Community Welfare Services

tend to be provided in a piecemeal, irregular fashion, at different times, depending largely upon the initiative of the client and the state of crisis. The effort to carry through comprehensive and continuing plans for prevention and rehabilitation of social and health problems may therefore suffer, and the community investment in agency programs often lacks the full cumulative impact to be desired.

There is a growing body of research in the field documenting the existence of large groups of families and individuals in our society who are beset by multiple problems and needs, but are inadequately reached by our prevailing structure of services.

Whether we refer to the Bradley Buell 6 percent of "hard-core" families, the New York City Youth Board 1 percent of "delinquency-producing" families, or the Indianapolis "less than 1 percent," the pattern is similar.⁵ Here are thousands of chronically dependent, deeply troubled families in our larger communities, with serious health and social problems which frequently receive little more than palliative, stop-gap services at times of emergency.

Such findings may well be symptomatic of the underlying problem alluded to above: the highly fragmented, specialized, and laissez-faire operation of the larger welfare communities. At the 1959 National Conference on Social Welfare this problem was squarely faced in a hard-hitting group of papers titled "The Challenge to Teamwork in Social Welfare." As stated by Edgar N. Brown, executive of the San Diego Community Welfare Council, "... the word *pathology* [has been used] to describe the present inadequate state of teamwork in health, welfare, and recreation, and I do

not think it is too strong a word." (Emphasis supplied.)⁶

No critique of specialization is to be inferred from the foregoing discussion. Specialized services and techniques are essential to professional progress, but integration must keep pace if this growth is to be sound. Nor is any questioning of individual agencies or programs intended. It is the community structure of services—the pattern of agency interrelationships—that is under examination, in terms of its adequacy to deal effectively with serious cases requiring integrated treatment from several sources.

THE NEW LEVEL OF INTEGRATION

A "central" channel for multiple-agency cases. Fortunately it is not necessary to resort to abstract speculation regarding the likely next phase of integration in community welfare services. Over the past few years a number of demonstrations and developments have taken place in various cities which provide ample "signs of the times." The reference here is, of course, to the significant experiments in the "central" channeling of multi-agency services within such programs as the referral units of the New York City Youth Board, the St. Paul Family-centered Project, and the Chicago Hyde Park Youth Project.⁷ (It is significant to note that there have also been

⁵ Edgar N. Brown, "What Can Community Welfare Councils Do To Improve Teamwork Among Social Agencies, Schools, Churches, and Other Groups?" in *The Challenge to Teamwork in Social Welfare* (New York: United Community Funds and Councils of America, 1959), p. 18.

⁷ Other related approaches, similar in some respects to those under consideration here, have been demonstrated in the Roxbury Family Project (Boston); the South Central Youth Project (Minneapolis); and the Englewood Project (Chicago). A comparable program has been formulated in Indianapolis and is now in process of implementation. See the *Proposal for a "Pilot Youth Project": A Demonstration in Juvenile Delinquency Control in the Indianapolis Area* (Indianapolis: Health and Welfare Council of Indianapolis and Marion County, 1958), 10 pp. This project was chaired by Edwin H. Ferree of L. S. Ayres and Company, Indianapolis.

⁶ See Bradley Buell et al., *Community Planning for Human Services* (New York: Columbia University Press, 1952), p. 9; *Youth Board News* (New York City Youth Board), Vol. 10, No. 1 (January 1958), pp. 1-2; *Juvenile Delinquency in Marion County: A Factual Analysis* (Indianapolis: Health and Welfare Council of Indianapolis and Marion County, 1958), p. 8.

parallel developments in the health field in the form of physical rehabilitation screening units, organized home care, and other continuity of patient care programs.)

While these projects vary widely in auspices, scope, and organization, depending largely upon local circumstances and preferences, certain common denominators emerge upon scrutiny. To greater or lesser degree these demonstrations exhibit the following basic features:

1. *Central structure.* A primary component of these new developments is a central structure, with special staff, for the channeling of certain agency services—"central" in the sense that it mediates between the client and the agencies. It is not intended to supplant or compete with the established services, but rather utilizes them in the most efficient and effective manner. The welfare enterprise in the larger cities is apparently becoming too departmentalized to delegate its over-all responsibility to people in trouble entirely to the separate "departments." Communities are finding that—as communities—they must also "keep a hand in it," lest their common humanitarian task splinter into discrete pieces of program.

2. *Central referral and diagnosis.* In some degree these new approaches also involve a pooling of referral and diagnostic processes, preparatory to actual treatment by individual agencies. In its typical manifestations, the central structure receives referrals of selected cases from a wide variety of community sources—agencies, police, schools, churches. These are the complicated cases which, in the judgment of the referring agents, require integrated help from a number of sources. In a variety of ways, depending upon the particular structure, diagnostic information regarding the client is collated within the central setting, and a joint decision is reached regarding the nature of the problems seen and the most promising plan of treatment. Only serious cases believed to require service from more than one agency would ordinarily be ac-

cepted by the central project. In the demonstrations thus far, these have tended to be the so-called "hard-core," multiproblem, chronically dependent families with children in trouble.

3. *Central assignment of agency roles.* Upon ascertaining the best diagnostic and treatment formulation available, the next step involves the determination of which agencies are to be involved in treatment, and with what specific responsibilities. Usually a "primary" agency will be designated to carry major responsibility for the key services required. This may or may not be the original referring agency. The other "secondary" agencies involved have more limited responsibilities, which are, however, specifically defined for this particular case and mutually agreed upon. From the outset the major public and private agencies working with problem families and children are expected to commit themselves to work together with the project on a co-operative basis.

4. *Central follow-up and review of assignments.* A crucial component of the central channel approach is its responsibility for follow-through. Here is perhaps the weakest link of all in the present chain of community services. Whose responsibility is it to reach the individual in need, to stay with him as he progresses from one stage of treatment to another—as he is referred from one agency to another—until he is finally helped to the fullest extent possible? The ultimate responsibility is held by the community, of course, but its control is now divided among its many agencies.

Follow-through is accomplished by requiring regular, periodic reports from the co-operating agencies throughout the course of case treatment. Such reports are usually in writing, and from time to time, where needed, may be supplemented by face-to-face conferences with agency representatives. If developments warrant review and modification of agency assignments on the case, this too can be routinely handled in conference.

Integration in Community Welfare Services

In any event, responsibility for the client can now be pinpointed and maintained through the central channel, and he is less likely to go astray in the urban wilderness.

AGENCY AUTONOMY

It is appropriate at this point to take up the thorny issue of central authority versus agency autonomy, which is crucial to these developments. Some relinquishment of absolute agency sovereignty, in the interests of better service to the total community, is obviously necessary if any such co-operative movement is to work. Where the traditional co-operative procedures suffice, as undoubtedly is so in the smaller communities, no such approach is needed or desirable. But if the premise of this paper is correct—that the present methods of co-ordinating services tend at times to break down in the larger metropolitan centers—then earnest consideration must be given to alternatives of this type.

It may well be asked: why not re-emphasize and strengthen the time-tested co-ordinating techniques such as the case conference, the social service exchange, and the like? Why is it necessary to resort to radically new structures and relationships? In some respects the developments herein described may be considered logical extensions of the "case conference" approach, greatly strengthened and adapted to modern urban conditions. However, the very size and complexity of the present co-ordinating load would appear to make the traditional informal, strictly voluntary conference methods obsolete.

In the first place, in order to handle the present quantitative volume of co-operative cases efficiently, special staff from some source would have to be made available. Informal arrangements by agency workers apparently are not enough. In the second place, the growing numbers of agencies operating in closely related fields make informal co-ordination more difficult. Thus in the case of disagreements in judgment,

conflicts in policy, limitation of functions, difference in service priorities, and the like, agencies are apt to go their separate ways in dealing with a given case. From a strategic standpoint it would appear desirable therefore that the special co-ordinating staff be "central" staff—i.e., not identified with any single operating agency—and be vested by the community with sufficient authority to resolve differences. While the informal case conference can work effectively in smaller communities where relatively few cases and agencies are involved, and in subparts of metropolitan areas—e.g., well-integrated neighborhoods and sectarian communities—the far-flung, anonymous, heterogeneous urban clusters of today would appear to need more.

To the extent that such integrating measures necessarily infringe upon absolute agency freedom of action, they involve certain risks and compromises. These hazards appear to have been kept to a satisfactory minimum in the demonstrations to date. Thus the participating agencies have usually had appropriate representation on the board, committees, and conferences of the central project, so that its operation can be made as much "theirs" as possible. Also, it should be stressed that only a limited portion of each agency's case load is usually affected, namely, the more difficult situations requiring help from several agencies. Furthermore, once the broad division of agency responsibility has been worked out for a particular case, the actual administration and supervision of agency services within this framework remain a strictly internal affair for each agency. The only subsequent control exercised by the central staff is through regular follow-up and review of assignments. Finally, of course, the ultimate veto power possessed by participating agencies is withdrawal from the project, if this should become necessary. It has apparently been possible to achieve a co-operative middle ground between dictatorial central control of services at one extreme and program anarchy at the other.

SUMMARY

The positive impulse behind the co-operative movement in social work, from the charity organization society to the community welfare council, has been the strengthening of community responsibility in face of the fragmenting effects of agency specialization. Today the welfare establishment in the larger metropolitan areas once again appears to be reaching a degree of differentiation which calls for more effective integrating mechanisms. Traditional devices such as the social service exchange and the council of social agencies have not in themselves proved adequate to the growing challenge of the seriously afflicted client and family who require concerted treatment from a number of agencies. As a result, we are witnessing the emergence in a number of communities of new kinds of structures which—though they differ widely from each other—can in some sense be described as “central channels” for coordinating multiple-agency services for difficult cases.

These central structures and their staffs usually provide little or no direct service themselves, but function as a focal point for referral, diagnosis, division of agency roles, and follow-up and review on a selective case-by-case basis. They thus mediate centrally between the multiple-problem client and the community's agencies and give promise of restoring responsible continuity and integrative balance to the highly compartmentalized urban welfare scene.

In this brief paper, obviously no attempt has been made to deal with many specific aspects of this ramified subject—e.g., financing and auspices, research needs and potentialities, community power-structure implications, “reaching-out” program requirements, and the like. Nor has the writer gone into the detailed operation of

the various programs currently under way.⁸ The basic purpose here has been to call attention to certain recent developments in the community organization of welfare services within a historical framework which may throw light upon their potential significance. It is hoped that these potentialities will be tested to the full.

⁸ Such information can be obtained directly from firsthand references. For example, see the following selected list on related projects:

Casework Notebook (St. Paul, Minn.: Greater St. Paul Community Chest and Councils, Inc., 1957); Ralph Fertig, *et al.*, “Referral from Street Clubs to Casework Service,” in *An Examination and Analysis of Techniques Used by a Street Club Worker, Etc.* (Chicago: Hyde Park Youth Project, May 1957, mimeographed), pp. 32–38; L. L. Geismar and Beverly Ayres, *Families in Trouble* (St. Paul, Minn.: Greater St. Paul Community Chest and Councils, Inc., 1958); Helen W. Hallivan, “Coordinating Agency Efforts in Behalf of the Hard-to-Reach Family,” *Social Casework*, Vol. 40, No. 1 (January 1957), pp. 9–17; *How They Were Reached: A Study of 310 Children and Their Families Known to Referral Units*, Mimeograph No. 2 (New York: New York City Youth Board, 1954); Gisela Konopka, “Coordination of Services as a Means of Delinquency Prevention,” *Annals of the American Academy of Political and Social Science*, Vol. 332 (March 1959), pp. 30–37; *New Direction in Delinquency Prevention 1947–1957*, (New York: New York City Youth Board, 1957); *Report on the Englewood Project: A Project for Treatment of Pre-Delinquent Children* (Chicago: Juvenile Protective Association, 1958); Charles H. Shireman, *Hyde Park Youth Project Progress Report No. 3* (Chicago: Hyde Park Youth Project, December 1956, mimeographed); *A Study of Some of the Characteristics of 150 Multiproblem Families* (New York: New York City Youth Board, January 1957, mimeographed); *Youth Board News*, published periodically by the New York City Youth Board. See especially Vol. 10, No. 1 (January 1958) and Vol. 11, No. 3 (March 1959); Joan J. Zilbach, *et al.*, *Treatment of Chronic Problem Families: The Roxbury Family Project* (Boston: Roxbury Family Project, undated, dittoed); Sidney E. Zimbalist, *Proposal for a “Pilot Youth Project”: A Demonstration in Juvenile Delinquency Control in the Indianapolis Area* (Indianapolis, Ind.: Health and Welfare Council of Indianapolis and Marion County, April 1958). (Mimeographed.)

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BY GORDON MANSER

A Critical Look at Community Planning

IT MAY BE useful first to identify briefly some assumptions and forces that underlie the planning movement. Our assumptions, like those of other branches of the field of social work, revolve around our belief in the worth and dignity of the individual, and by extension the community in which he lives. This belief derives from our value system, which in turn stems from our Judeo-Christian religious heritage. Because we believe this, we believe that communities as aggregations of individuals possess inherent capacity to change—to choose wisely in the management of their affairs, and the right and responsibility to determine how best to serve the health and welfare needs of their citizens.

At the same time there are obvious forces that operate against what might be called the free exercise of individual, group, or community choices, among them the increasing complexity and mobility of our modern industrial, urban society, one by-product of which has been the creation and acceleration of physical, social, and leisure-time needs, with an accompanying proliferation of agencies and services in the attempt to meet them. One has only to think of problems in use of increasing leisure time, problems of the aging, of juvenile

delinquency, mental illness, chronic illness, economic dependency—to name but a few major social concerns of today and tomorrow. Herein lies the rationale for planning: in the inescapable necessity for communities to mobilize their resources to cope with major social problems affecting people.

For purposes of this discussion one may suggest a definition of community planning as the definition and measurement of major health and welfare problems, the understanding of causative factors, the establishment of goals based upon needs and existing resources, and the development of a constructive program of community services to move toward these goals.

By this definition the basic job of planning is a continuum of activity beginning with the identification of a problem and going on to research and fact-finding, the development of findings, conclusions, and recommendations, and finally implementation. Emphasis is thus placed upon concern for major community problems, upon research, upon implementation, broadly defined. Certain subordinate activities must be included, such as those that improve co-ordination and communication among agencies, those that seek to establish and improve standards of service, and those that further wider understanding of health, welfare, and leisure-time services by the public. Generally, this job of planning is carried out by a community planning council, variously known as a health and welfare council, a council of community services, a council of social agencies, or the like.

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The subject is extremely broad. Certain aspects of it, such as the function of research in planning, could easily be the subject of a whole article. This article will perhaps be most useful in triggering discussion in the field if we consider briefly a number of elements which an effective community planning council would involve, attempting to note major trends or issues in connection with them. Some such important areas are: accountability, process, leadership, goals, research, levels, structure.

ACCOUNTABILITY

The effective planning council would be based upon representation from a sufficiently wide variety of organizations and agencies to be representative of major interests in the community, hence ultimately accountable to, and receiving its sanctions from, the community. This would include groups with legitimate and long-standing interest in the health and welfare field, as well as operating agencies.

It seems generally accepted that the day is past when councils were trade associations of operating agencies, existing only to achieve various arrangements among their members and to improve standards of agency service. Today, as councils place increasing emphasis upon community-wide problems, they logically perceive their constituency to be the entire community.

The basic issue today is how and by what means the council can make itself representative of the whole community. One method is the elimination of agency and organizational memberships and the substitution of an independent assembly of citizens electing or serving as a board of directors. Another is to maintain agency and organizational membership but extend these as widely as possible to groups and organizations having an interest and stake in community health and welfare problems, such as labor, religious, civic, fraternal, business, and professional organizations. Those who favor elimination of membership argue that established and entrenched operating agen-

cies exercise undue control over the council, generally in favor of the *status quo*. Those who favor continuing and extending membership argue that it is necessary to keep close to the council those operating agencies whose programs must be changed or modified if community planning is to be ultimately effective. Some councils have combined wider agency memberships with affiliation of individual citizens.

PROCESS

The effective planning council would be committed in its activities to processes that are essentially democratic, educational, voluntary, and co-operative. One of the truly unique features of the council movement has been its voluntary character. This has properly committed the professional worker in a planning council to a process in which his role has been that of an enabler—a helping role in which his responsibility is primarily that of facilitating a process by which others come to decisions. This requires a high degree of professional skill, judgment, and maturity. Perhaps more frequently than we would like to admit, we become entangled and enmeshed in this process. Often we are said to lack leadership when we hesitate to make decisions or to propose shortcuts.

Yet is there necessarily any conflict between the basic professional role and the essential leadership role? What is needed is for those of us who are in councils to take out our concepts of process, dust them off, get them connected with our purposes and goals, and put them back to work. "Democratic process" need not mean that we discuss something interminably, nor should "participation" imply that our discussions must go repetitiously full circle at every meeting, thus disillusioning and wearing out our leadership.

Professionals can play a far more effective role, one that emphasizes the importance of trained, experienced, and professionally competent staff. As professionals we can give our boards, project groups, and

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committees tangible factual material; we can develop specific plans and proposals; we can prepare and present alternatives. We can be profoundly conscious of the all-important factor of timing in our work with laymen, so that they gain a sense of beginning, middle, and ending in their project activity.

Some critics of planning councils have concluded that "forum democracy" makes it impossible for a planning council to recognize or give effect to divergent and conflicting interests. It is hard to comprehend this view. Implicit in the decision-making process is the ability of committees and groups to bring together valid differences, to put these differences out on the table, and to grapple responsibly with them to the end of reaching a group decision. This is the essence of a council's everyday job.

LEADERSHIP

The effective planning council would contain in its working constituency leadership of sufficient caliber and prestige to give weight to its findings and recommendations. Here we come to the core of the planning job, where decisions and recommendations are made and carried back to the broader community for implementation. The commitment of recognized leadership in this process cannot be overestimated. As the concept of accountability has broadened, councils have more and more sought to recruit and carefully nurture and firmly engage recognized leadership from a wide variety of groups into council operations. There has been an increasing involvement of laymen, especially businessmen and industrialists—a highly desirable trend.

Some councils have experimented with 100 percent involvement of laymen, using professionals only as nonvoting consultants. Others have sought to involve those within the so-called power structure of the community, upon the quite valid assumption that these persons represent effective decision-making of and for the community.

For all councils, however, there remains

the problem of recruiting, training, and above all retaining effective leadership, it being agreed that laymen should be predominantly represented. What kinds of leadership find satisfaction with the more deliberative processes of councils, as compared to tangible accomplishments such as fund-raising? Some laymen can best be involved in specific short-term projects, others in long-range activities. Still others are more effective in implementation and social action. Here again we must underscore the importance of professionally competent staff in establishing sensitive and responsible relationships with leadership, and for making certain that the principal investment of these lay and professional leaders is on major community problems.

GOALS

The effective planning council would develop, in relation to the community problems with which it is concerned, a program of long- and short-range goals which, taken together, would constitute a blueprint of needed services. It would be important for these programs to be sufficiently flexible to be responsive to re-evaluations of need and to new learnings, and sufficiently practical to be genuinely useful to federations and appropriating bodies in their budgeting decisions. Such forecasts of needed services would include both public and voluntary services, assuming for the planning council the same good working relationship with governmental as with voluntary agencies.

It is important that determined needs be placed in some kind of priority system in order that there may be equitable distribution of the community's health and welfare dollar. This is not simple, as many council executives will attest. Who knows the community that has as many public and voluntary dollars as it requires to support its services adequately? Some have critical shortages of funds. Such a situation invariably produces the harsh necessity of making choices as to the importance of services. Although many communities have wrestled

with this problem, there are no universally accepted criteria to be applied, though some of the following have been used: size and gravity of problem, effectiveness of the service in solving it, whether a service is preventive rather than remedial, and whether it is directed toward relatively disadvantaged groups in the population.

RESEARCH

The effective planning council would be expected to underpin its basic planning program with an adequate program of research. As planners today see their emphasis shifting to concern with broad community problems, there is an increasing appreciation and dependence upon research. If we are going to define and measure and learn something about the causes of major health and welfare problems as a basis for developing long-range plans, more is needed than simple collection and quantification of data. The question is, how far can or should councils go in the direction of more sophisticated research?

In line with our earlier definition of planning, we may define research as the systematic and unbiased gathering of information and testing of hypotheses, relationships, and causative factors to the end of modification, development, or evaluation of services to meet established needs. There is, of course, a distinction between basic or pure research, which is a search for knowledge for its own sake, and applied or action research, the purpose of which is to deal directly with a recognized community problem. Some have argued that basic research is not appropriate for councils and should be done only by universities or under other auspices. This argument seems to contain a confusion between methods and goals. The test of the appropriateness of research for a planning council lies in the utility of the results for operating agencies. In other words, there must be effective consumer demand for the product of the council's research. How research for which there is

consumer demand is conducted depends upon the character of the problem, the applicability of what has been done elsewhere, the need to formulate and to test new hypotheses or assumptions, and so forth. Whatever research method is employed must conform to the highest principles of scientific integrity. This makes it more than ever imperative that we achieve a satisfactory working merger of the techniques and methods of social science research into a community planning operation.

How much of this kind of research a council does becomes fairly pragmatic, depending upon staff resources and qualifications, potential for co-operative relationships with universities, and ability to command financial resources equal to the magnitude of the task. No doubt there will be disagreement with this point of view; however, dissenters must answer the question of how councils are going to do long-range planning on major community problems short of developing this kind of a research operation. Where else can the job be done?

Not all research is, or need be, highly sophisticated. There is great value in simple fact-finding and graphic presentation of trends in services and expenditures, and trends in the sociological, economic, ecological, and demographic factors in the community. Indeed this might be called basic research for any planning council and should always go hand in hand with research as defined above.

LEVELS

The effective planning council would be related to planning at various levels of community. In urban areas this implies responsibility on the part of the planning council either to administer directly, to offer staff service, or to develop channels of communication with neighborhood or district community councils. The rationale for this is apparent when one thinks of a neighbor-

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hood council as a planning council in miniature. As such it involves neighborhood leadership in working on neighborhood problems. Since many problems transcend neighborhood boundaries, it is important that there be free channels of communication to and from a community planning council that operates on a metropolitan basis.

Effective planning councils also look to the state scene, where state planning organizations exist, and to the national scene. From national organizations there is need to share experience of other communities in planning, organizing, and extending services, to know standards of practice and service that are in process of development, to know of other studies or research in the field, and to have information regarding highly specialized services. Most community problems involve several national agencies, hence one of the greatest contributions to be made to effective local planning would be for national organizations to join together and approach local communities in a co-ordinated fashion. Here we look to the National Social Welfare Assembly for leadership. United Community Funds and Councils of America, Inc., supplies notable leadership among planning councils as a clearinghouse in respect to developments in the field and as the spokesman for standards of purpose, method, structure, and operation of community planning councils. Because a good planning job involves both the national organizations and local communities, UCFC has a logical responsibility to participate in national planning and facilitate communication between national and local planning. This important service must be continued and extended.

STRUCTURE

The effective planning council would develop a structure that would serve the purposes of deliberate study, consideration, and action on community problems. The word "deliberate" is used advisedly, because planning is at heart a deliberate process and

planners are often "actionistic" or are drawn into a fireman's role. But we should not confuse deliberation with being so bogged down by necessity for clearances and committee actions at various levels that, as staff, we spend an inordinate amount of time co-ordinating the co-ordinators—meanwhile imposing on the time of our leadership.

These structural issues are, I believe, inherent in the long jump from a trade association of agencies to community-problem-centered planning. Virtually all community problems transcend traditional division lines and involve several of the helping disciplines. Recognition of this has led some planning councils to eliminate divisions and depend upon *ad hoc* committees to deal comprehensively with broad problems. The elimination of divisions substitutes centralized decision-making for greater compartmentalization and greater decentralized decision-making. Where this has been done, there may, however, continue to be conference or forum groups of agency staff which convene for the purpose of exchange of information, discussion of common problems, and so forth.

Another issue is that of the role and use of agency delegates, for it is through this means, some believe, that the professionals dominate the planning body. One is inclined to go along with the popular song writer, "It ain't necessarily so," but many will disagree. In any event, an ever present practical problem is how to draw agency delegates into the planning processes in a meaningful way. Of course, councils that have done away with agency membership have, by the same stroke, abolished delegates. But again it appears to be expedient to substitute some kind of structure to draw agency people into relationship to the planning council. One of the dangers of extremes in separation from the agencies is that a separate council of social agencies—a trade association, if you please—might be formed.

We now come to the point where we must

ask ourselves how the planning movement measures up to the general criteria we have enumerated. One might pose the question in this way: In our planning are we too often stimulated by crises, myopic in our goals, dominated by special interests, overweighted by method and process, and lacking in success as measured by long-range final results? The answer cannot be a pessimistic yes or a ringing, optimistic no. Despite any individual bias, it seems evident that the truth lies somewhere in between and that, while progress has been rapid and significant, and effectiveness is increasing and measurable, more progress remains to be made than has been made to date if planning councils are to measure up to their responsibilities and opportunities. We need to be clearer about our accountability to the community; we need to involve more good leadership; we need to study the effectiveness of our processes; we need to improve our research and formulate clear-cut goals. These and many other things we have before us. But we are certainly off the launching pad and well into orbit.

FUTURE PROSPECTS

Looking ahead, one may note three forces or circumstances which will have great effect upon the direction and velocity of planning for the future.

One of these is money. Certainly community planning is one of the most underfunded animals in the whole menagerie of health and welfare services. Perhaps some of our communities feel that, like athletes, we do better if we are lean and hungry. Surely the percentage of the total health and welfare dollar spent for planning, including research, cannot be compared with what business and industry spend for the same purpose. It is reported that less than $\frac{1}{3}$ of 1 percent of health and welfare expenditures goes for planning. There seems not a shadow of doubt but that the effectiveness of our planning machinery could be more than proportionately increased

with more adequate financial support.

The second requirement is personnel. It appears that only eleven students specializing in community organization graduated from schools of social work in 1959 and took jobs in councils, chests, or united funds. This is a most critical situation, one that fully justifies the emphasis placed upon recruitment of personnel and scholarships by UCFC. There is a direct, qualitative, and readily discernible relationship between trained manpower and council effectiveness. Nothing will imperil the hard-won gains of the planning movement so much as the necessity for councils to "write down" the educational and experience requirements for planners in order to maintain numerical staff strength to cope with increasing demands from the community.

The third factor to be mentioned is the responsibility of direct service agencies in the whole planning process. If the planning process is to be reflected in change in agency program and service to people (and where else can its effectiveness be reflected?), it is important that there be board and staff recognition of agency responsibility to the total community, and of agency program as an integral and interrelated part of a network of community services. This means board and staff willingness to invest themselves in community planning, with the risk involved in prospective change. In a real sense, responsibility for adapting program to external recommendations carries with it a narrowing of autonomy. This obviously demands leadership, foresight, and statesmanship on the part of agency leadership. The importance of the accountability of agencies, whether voluntary or public, to the broader community cannot be overstated. So long as agencies maintain the fiction of complete autonomy, the effectiveness of community planning will be impaired.

For the future, community planning faces at least two major challenges. One is that of catching up with the explosion of population to suburbia, which poses the twin

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problems of measuring need and planning services in areas of fantastically rapid increase in population, and finding some formula which will provide for balance in services between the inner city and the suburban regions. This leads to a second major challenge to planning councils: to establish common cause and joint working relationships with physical planners. Enough has been said in the past few years about the fact that physical and social planners have common goals, essentially common methods, and common problems. Because physical planners have the advantage of working with tangible and dramatically glamorous material, they tend to gain greater public visibility and acceptance. This is in contrast to social planners, whose product—services to nameless, faceless, and needy people—is often supposed to be obtained only by tapping the side of our economic system, without any economic return from the recipient. In some measure this disparity in acceptance may be overcome by putting into the generally accepted vernacular, through closer co-ordination of effort, the common goals of physical and social planners. The important thing is for us to keep moving from the talking to the doing stage.

Where will our community planning movement be tomorrow? How will history regard our planning efforts in the light of our affluence in material goods, our rapidly and dramatically changing weapons technology, and our critical need to affirm and establish our democratic, Judaeo-Christian value system in the day-to-day affairs of our communities? Someone has said, "Neither human progress nor disaster is inevitable—the responsibility is with man." So it is with community planning. If we ponder the forces and assumptions that have initiated and sustained this movement, it is apparent that the challenge and necessity of the future will be even greater than hitherto. Given the tools in men and money and in community commitment, our movement will be increasingly prepared to meet the challenge.

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BY ALICE OVERTON

Taking Help from Our Clients

ANY HEALTHY RELATIONSHIP includes both giving and taking. Most social work literature deals with the process of giving. This is the report of an experience in taking. While the effort described was limited in time and skill, it may serve to interest others in drawing upon and making more use of clients' observations of social work methods.

While we social workers are observing our clients, they are observing us and drawing certain conclusions about our attitudes and ways of work. We have one perspective of the casework relationship; they have another, which may give us more insight into the real nature of that relationship, so that we can improve its quality and increase its utility value. Also, in setting our course of helping, we make certain assumptions about values, which may not correspond with those held by the client. Our clients can help us correct mistaken and unrealistic objectives, if given a full opportunity to do so. They can teach us about their culture, which often has marked differences from our own. And in the process of *giving* to social work they may come closer to a sense of mutuality of purpose, which will be of benefit to them as well as to the field of social work itself.

ALICE OVERTON, M.A., is at present on a Fulbright, teaching at the University of Sydney, Department of Social Work, Sydney, Australia. Until June 1959 she served as director of the Family-centered Project of St. Paul, sponsored by the Greater St. Paul Community Chest and Councils with a grant from the Hill Family Foundation.

The Family-centered Project of St. Paul is a co-operative effort of seven local agencies, sponsored by the Greater St. Paul Community Chest and Councils, Inc. It seeks to improve the social functioning of multi-problem families with children "in clear and present danger." The families had not applied for service and in the beginning were described as "hard to reach," but as time went on this term seemed inappropriate. For the past five years the caseworkers of the project have been seeking the views of these families about the meaning of service to them. Some of their views and the problems encountered in obtaining them appear in the *Casework Notebook*.¹ To supplement this family-worker exchange, a few evening meetings were planned in the hope that group interaction might make for an easier flow of ideas offered to social work. The caseworkers seemed to like this plan, but thought it best that they not attend the first discussions, which should be tried with only one professional leader. It was agreed that the writer would play this role and the workers would select the participants. They wanted to know what criteria to use in selection. None of us was certain, but at least the people selected had to be willing to come to one meeting, or we would have no group. Therefore it was agreed that the workers would invite parents who wanted to give

¹ Alice Overton, Katherine H. Tinker, and Associates, *Casework Notebook* (St. Paul, Minn.: Family Centered Project, 1958), pp. 20, 145-148, 154, 161-163.

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their views—pro and con—on social work.

Thirteen people came to the first meeting, and ten of these attended all four meetings. The group is not assumed to be representative of the three hundred families served in the project. These families probably liked their workers or would not have come to the first meeting at their invitation. Or they may have wanted to "sound off" on a magazine article they were asked to read and come prepared to discuss. Since it was expected that the group would dislike this article, the first meeting was designed for critical comment, not so much on the article itself as on social work. For later meetings discussion questions were posed in advance, both orally and in writing.

Our general purpose was described to the group in this way: we social workers come out to your homes to tell you what we think needs changing; now we ask you to turn that around and tell us how you think we should change in order to give better service to other families like yours. The writer expressed her plan to use the views of the group in teaching project caseworkers. The parents also understood that the project had as a research objective to learn more about multiproblem families, and that they were being asked to contribute to this effort. They gave their consent to a tape recording of our discussion.

My apparent nervousness at the start of the first meeting may have dramatized our need for help. Introductions got mixed up and coffee spilled, so that when the first question was posed the group was off to a fast start. They talked with excitement, frequently in chorus, and with considerable body movement. Later attempts to prevent talking at the same time in the interest of clearer recording were not very successful. The poor acoustics of the room and the jumble of voices at points of excitement limit the clarity of the recording.² If we

had realized from the outset that the material produced would be so useful to other social workers outside the project, we could have made a better recording. Also, we failed to anticipate that the group would not only consent to having their discussion taped, but would want it used by other social workers. As suggestions of value to public welfare, other agencies, and for professional training began to flow, approval was quickly given to share them. The reaction was: why be ashamed that we needed help, and if we have something to say about the service received we want it heard where it will do the most good.

The clients' reaction to our efforts to protect their identity was different from what we had anticipated. The group thought it strange that names were deleted from the tape they heard later and certainly there should be no stigma attached to having been served by a social agency. However, when clients are willing to reveal personal experiences in an effort to help other families like their own, we have a responsibility not only to ensure dignity of purpose and process for them, but to consider the interests of other clients as well.

The first meeting produced a greater flow of critical comment than had been possible in the one-to-one exchange. Then we moved roughly and with considerable scatter from criticism to more affirmative suggestions, to helping with some of the project's problems, to defining what seemed valuable in social work and what a good social worker ought to be. While we were not as orderly as these or any topical headings would suggest, they give a rough estimate of content more quickly than reporting in process would. Our central purpose was to obtain clients' views, and although the group did question later our statement that the meetings would help us rather than them, group therapy was not a primary goal. Nor, in writing this article, do we have anything to tell others about techniques of discussion-leading. We assume that the reader will do better if we merely

² Some sections of this tape recording are being made available to schools of social work and for other professional use by the Greater St. Paul Community Chest and Councils, Inc.

suggest here the potential value to casework agencies of using client/group discussion to obtain consumers' views of services received. In this we lag behind our group work associates, who make a more systematic attempt to obtain such appraisals and advice, whereas our efforts have been sporadic, limited usually to worker-family or researcher-family exchange.

WHAT THEY DISLIKED

After discussing the magazine article "that made them feel like trash," the group discussed social workers who "make you feel like dirt beneath their feet" by suspicious questioning or surprise visits in which they "look all around with a critical eye." As a rule some members of the group attempted a defense or gave reasons for social work's errors. Often, too, the bad illustration was immediately countered with a good one. But with reference to one worker in town whose assaults on dignity had been a bitter experience for the majority, the defense attempted by the minority about dishonest clients and an overwhelming job was met only with the response that this individual "could be replaced any time." A woman said that men were subject to more criticism and women received more sympathy from social work. The men agreed, but added that a woman would take more than a man. The group mentioned social workers who act "like they're doing you a favor." Each general comment was supported by an illustration. Here is one about a "know-it-all" social worker.

And I was washing clothes like I've done for twenty-one years. I sorted my clothes on my kitchen floor. I didn't put newspapers down or wax paper . . . had the whole kitchen floor covered with clothes. And she looked at me and said, "If that isn't about the filthiest habit I've ever seen! You mean to tell me you put those babies' clothes on the floor?"

There were several references to workers who expect you to do something "but don't

tell you *how*. You got a little sense yourself. If you could have changed it, you would have." One cannot just advise people to do something; one must understand the family and show them *how* to start. Nothing much is likely to happen until trust develops between family and worker. "It takes time for trust to grow," and this growth cannot take place with frequent change of workers. Nor can it develop in the confusion of several agencies trying to deal with little pieces of the family.

A comparison of experience disclosed confusion about what public assistance might include. Since the majority of the group received such assistance and had the usual negative reaction to taking money over long periods of time, one would have expected public welfare to come in for most of the criticism. However, when the leader intentionally distorted her summary of the early part of the first meeting by saying, "Then you are opposed to public welfare," the correction was unanimous and heated, and the group began to make more affirmative suggestions as to how public welfare might be improved. The suggestions included one mother's offer to assist a group of mothers being helped by Aid to Dependent Children in how to choose and prepare less expensive food. When she discussed how she would teach canning, others suggested a return to victory gardening. Then the men proposed an employment pool for a co-operative effort in job-seeking, with the agency coaching on how to apply for a job. Some thought a group such as ours could be drawn together by public welfare to define rights and responsibilities. Members of this group could then take turns in working with staff at intake to help new applicants understand why certain steps were necessary in establishing eligibility. Others were sure that public welfare wouldn't want their advice and help. Later the group was very pleased with my report of how their suggestions had been received at Ramsey County Welfare Board.

The voluntary agencies came in for their

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share of criticism, too; the "know-it-all" illustration above and most of the "buck-passing" stories referred to them. The reader should be cautioned against assuming that only workers without professional training gave offense. Broken appointments, with failed visits or long waits in offices, had occurred among the trained workers. If agencies could hear how people suffer from waiting for promised but unmade visits, or what long office waiting periods mean, they would expect workers to change appointments only for real emergencies and always notify the client of the worker's illness by telephone or wire.

The lack of co-ordination between agencies was, we gathered from the illustrations, applicable to all. One mother told of providing foster care for two children, while at the same time she could not secure the return of her own children because her home was considered not yet "suitable." The group gave the project credit as a vehicle to enable the agencies to "pull together rather than apart." There was the expected tendency to contrast the behavior of their present workers with behavior they regarded as offensive. With few exceptions the group refused to criticize their present workers. In view of the leader's role, they may have been fearful of hurting their workers. On the other hand, there were such indications of a lack of fear (with vigorous corrections to, and resistance of, pressure from the leader) as to give the impression of real loyalty to their present workers. At any rate, the group made repeated reference to the recent improvement of social work and believed that their present workers best represented that improvement. One member said, to the obvious delight of the others, "Maybe they were using strategy on us. First they klunked us on the head and threw us down, then they picked us up." Because the group did mention some errors—spoke of early mistakes by their workers, were able to describe their improvement and analyze in detail the specific methods they did like—

the writer believes that a genuine positive regard for and loyalty to their present workers made them less critical than we had expected. The group rebuked me for being naive in this expectation. After a worker had been praised I said that I liked her too, but could think of a few ways in which she might improve, as can all of us. I received this reply: "Then, if you know so much, you tell us."

PROBLEMS OF THE PROJECT

The parents were asked to help the project with some problems which had us either stumped or left with unsatisfactory answers. I said that in the beginning we had felt shaky about intruding and had expected more people to get mad and order us out. How did they feel about it? Some said they had been glad to see us; others recalled how "ornery" they had acted at first; more nodded in assent to the word "leery" when one mother told how her worker came to talk about her son's behavior at school.

So I thought I'll let you talk; probably end up you'll have him carted off to Ethiopia, but I'll watch you—you won't get him. . . . And it just turned out altogether different. Now every other Tuesday I hear a knock on the door and I don't even get up from the table. I just holler, "Come on in, the coffee's poured." I mean that's mutual between her and me. We've gotten that way with each other.

The group seemed to regret having given their workers such a hard time in the beginning, and one member suggested this way of making the first visit a more pleasant experience:

Well, I remember telling my worker that I had been looking forward to her coming, so then she kind of knew that. . . . I think a person can give their social worker a lead in how they should start their questions. If they come into your house and you tell them you're glad that they're there, well then, right away they

feel sort of relaxed when they know you're friendly with them anyway.

Since our research effort had disclosed that we knew far less about the families' pleasures than their troubles, the group was asked how we could learn more. Some said nobody ever asked how they had fun, and yet the workers would have a one-sided view

... if they know just your trouble and the bad things that happen to you. Sometimes good things happen. They're not all bad.

Maybe they're afraid they won't get told.

If you told them about going to the movies or buying a TV set or Saturday night at the saloon, there might be a question of spending money foolishly—"it might place them in an awkward position." Everyone laughed, with this additional comment, "and it might place you in an awkward position."

Others had noticed that the workers were showing more interest in the satisfactions of family living and in what they enjoyed. The discussion suggested how a worker might go about increasing pleasure, which has some decided advantages over decreasing pain. While social work goes out in response to trouble and must of necessity discuss it, we may in time, and with the help of our clients, find better ways of increasing the satisfactions of family life and child care and thus swing our approach from the negative concentration on problems to a more affirmative upgrading of points of family health.

In response to the question of what we should do when a friend or relative is present at the time of a visit, the group felt that the worker could, and usually did, sense whether it was all right to go ahead with the interview or whether to avoid any serious discussion until the visitor left. Some said they asked the visitor to leave. One said she could not ask her mother to leave, so that the worker only talked about

camp applications, omitting the subject they had really planned to discuss. In spite of my leading questions, nobody mentioned the possibility of introducing the worker and making it clear that the caller was or was not to be considered a part of the family group. It would appear that introductions are not as common to these families as they are for us. Many other differences came up which suggested the error of certain assumptions we had made. For example, I had assumed that the term "caseworker" would be objectionable because people would not like being thought of as a "case." I was told, "But that's what you are—you have a case number and a file. We'd be better off if you read the files more often."

In answer to the question whether it was better to have one worker or more than one, preference was expressed for one worker because it was less confusing and more practical to have one worker who understood the whole family. However, there were some exceptions. The group agreed that unless the project worker happened to be one of the two contributed by the Division of Public Assistance, agency procedure made it necessary to have an additional worker now, although this might change in the future. There were also some special needs which the general family practitioner could not himself fulfill. One mother said she preferred two agencies and spoke enthusiastically of the help given her son at the Wilder Child Guidance Clinic. The consensus was that, while two or more agencies were sometimes necessary, they are not so necessary as we often assume, and some special functions might be delegated to the family worker. The parents approved our practice of taking on in a few instances the role of probation as a responsibility delegated from the court. Agency functions do not carry the importance for clients that they do for social workers—the clients think more in terms of the worker. "If you get a nice worker then you think the agency is just fine. If you get a stinker, well, then you have no use

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for the agency. You class them as the one worker you deal with."

WHAT THEY LIKED

At the first meeting, criticism was specific and documented from personal experience, while approval was given in more general terms. Most of us find it easier to describe in detail behavior we do not like than to point out what has been said or done by another to influence us toward change. However, when we went on to ask just what was meant by the growth of trust, or how a worker increased your self-confidence, the group was able to discuss social work method with more clarity than we expected. Here are some comments about a project worker who was at first disliked because she had once filed a petition of neglect against the family.

... And I know if my experience in going to court is to be of any help in the future to social workers, then I'm glad it happened, because I know the person who took me to court right now isn't only my social worker but I think she's a friend, too. She tried to make it up to us in the past few years. She has finally gained the trust of both my husband and I, and my youngsters are all crazy about her. She's interested in them and their social life as well as their school life, and I mean she's just completely different than she was when she first came on our case.

One of the many reasons given for the family's change of attitude toward this worker was that she made them feel they could do something—she gave them a "pat on the back," and this is what the father meant by that phrase:

Well, last spring Miss ——— had me go down to Mechanic Arts and take a high school test. I never went past the eighth grade. Well, she figured—she had enough confidence in me that I could make it and I went down and passed it. It took me eight hours. I got the equivalent of a high school diploma. Then she

went over and we worked with the Rehabilitation Center who got me in [a specialized technical class].

While the group often referred to their workers as their friends, they were also able to say how they differed from their other friends, even those they could trust not to repeat a confidence. They felt free telling the worker even such things as marital trouble, because the worker had the knowledge to understand and didn't take sides, get all mixed up in family affairs, or just come out with advice or criticism.

If it's a child problem, they [friends] will just say why didn't you do this or that and that's it. Where my worker will go right to the school and see how the boy is doing and what he isn't so good in, and what seems to make him nervous, and what I should do better at home for him in order to correct that nervousness.

The parents spoke of how the social workers' eyes and ears had been valuable in enabling them to see and deal with the problems they "should have known but just hadn't thought of that way." One spoke of her bad habit of avoiding the issue and the worker's way of bringing her back to the subject. All seemed to like advance planning of the subject to be discussed at the next visit.

She usually gives me one good important question before she leaves and then she'll say, now you think it over. I know if I ask you point-blank, you'll say nah, I can't do it. But, she says, now you think it over and the next time I come we'll talk about that. So I'm prepared and she's prepared.

Sometimes the family and sometimes the worker brings up the subject planned, and sometimes they don't get to it because some crisis has arisen. But there is never really enough time, so that choice and advance preparation are necessary.

The group liked workers who said what they think to your face, not behind your back. Mollycoddling does no good. We

can take criticism from someone we trust, and we don't like beating around the bush. "I'd rather have her come right out with it. If you're doing something wrong or something right, or what she might consider even better than right, I like to have her say that too." Another spoke of a different path of criticism.

This sounds like a negative, but it's really a positive. Sometimes I'll express my opinion and she'll kind of raise one eyebrow and say, Do you think so? . . . and I begin to think maybe I'm not right, maybe my husband is right. She doesn't directly criticize, she just wants you to criticize yourself. And she often will praise you for something, even some little thing.

PRESCRIPTION FOR A SOCIAL WORKER

After many more comments on what a good worker should do and be, the group was asked to draw together our thinking in a prescription for a social worker, perhaps to give one of our children who might be interested in becoming one.

I think their main purpose should be in making the family advised as to what the problems are, make them feel that they belong to a community or I'd say a neighborhood or whatever it happens to be. Make them feel that they really belong and that they're willing to help you feel that way.

It's not so much that they can, but they try.

If they would try, then you'll try, too. If you feel they're pulling for you, you will pull too.

To a leading question whether the social worker was more like a teacher, a doctor, a nurse, or a clergyman came this answer:

It's all of that, more or less combined. It's a vocation, not just a job. It has a very definite calling to them . . . it's just this one thing they would pick out to do. Of course there are some that never should have gone into it. It is just a job

for them, and they might just as well have stayed at home.

One member took exception to our setting too high an expectation.

Well, I think that depends on the social worker a lot. Some people have a capacity . . . I mean taking on other people's problems more than others, and that all depends . . . well, the physical make-up of the social worker, too. Some can do it and some of them can't without harm. I think a lot of them hold you at a distance because they don't want to get too involved . . . it has an effect on them.

And some people can. . . .

And some people can't, they're human too, you know.

By this time we thought we had the definition of a social worker pretty well shaped up in our minds, but we couldn't find just the words we wanted. One mother, who had talked less than the others, suggested that we all write a few notes for the last meeting. Then she brought her husband to that meeting and read the following statement:

A person who in your first acquaintance lets you know by his or her expression that he's in your home to be of service to you if possible.

And to show trust, because most people are trustworthy if one shows trust in them.

To be able to understand reasonably well the problems concerning the family as a whole.

Not to criticize but to analyze why a person or family is in unfavorable circumstances.

To give helpful advice in a way that isn't demanding but lets the person feel that it's his own idea.

One who is friendly and is not superior or a know-it-all.

One who has a sincere desire to help people, feeling that it might have been her as well as they but for the grace of God.

One who encourages you to go above the capabilities that you thought you possessed.

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One who guides you and makes the way possible but insists that you do for yourself what you are capable of doing.

This statement was so fine a summary of what we had tried to say that everyone praised the author, who said that her husband had helped her. But the praise also carried a sense of regret. As other notes were hastily folded away one member said, "She didn't have to do it so good. She could have left some of it for the rest of us." Unfortunately the leader had failed to anticipate this development, and only one member stuck by her guns to make her point that a good worker is a teacher.

Most of us have learned through this sort to work to help ourselves. I wish other people could be helped the same way and I think it was through teaching us how to handle our affairs, and to get along, and to see each other more clearly. And it should be someone to look up to. People object to having a social worker feel they're above them, but I need someone I can look up to.

There were many interruptions, but this speaker, who up to now had been painfully shy, continued. When someone said, "You want someone to lean on," she countered, "No, to grow up to." Since the group response to this member had always been supportive, their many interruptions may be attributed to a reluctance to see a social worker as a teacher. This resistance decreased when it was agreed that a good teacher respects and learns from his pupils—that everything should be "mutual between them."

CONCLUSIONS

A greater sense of mutuality of interest with social work did develop even in these four meetings. The group was pleased to point out signs of progress they had noted in social work performance of recent years. Among the points of improvement most frequently mentioned were two: "a better

understanding of the whole family" and the "pulling together rather than apart" of the local agencies. The group recognized that they had come to differ with many of their friends, who remained more critical of social work. "I think if they have a chance to find out what is really going on here, they will change their minds quite a bit. I know I came down here with a little attitude of I'll try 'er one time. I'll go once and that'll be it. And here I am a third time."

This man's surprise seemed common to the group, who probably "tried 'er one time" to please their workers and were amazed that they liked the first meeting well enough to want to continue. Some might have continued anyway out of loyalty to their workers. Yet it is the writer's impression, based on such evidence as the tone of excitement and difficulty of adjournment, that the group enjoyed the meetings and thought what we were doing together important.

One may doubt whether the group would have moved from liking one social worker to an identification with the purposes of social work if this had not been frequently related to the objective of helping other families like themselves. Helping a profession is too abstract; helping workers one already knows to be more useful to the kind of families one knows carries more emotional weight. As the group moves from the closer identification with neighbors and friends to a sense of mutual interest in a profession serving them, the idea of helping social work give better service becomes more attractive. "I think it's pretty nice that you and the rest of the project workers were interested enough in us to want to know what we think."

And the response was more than generous. One man even suggested that he would be willing to have a student accompany his worker and listen to their family interview. He believed there was much to be learned in social work, and that some of this learning could best be acquired through direct

observation of some good work with a family. When others objected to an auditor, he said, while he didn't exactly relish the idea, "I figure that in a small way I was going to help some other family, somewhere along the line."

All of us find satisfaction in helping if our efforts are needed and used. The clients knew that our bid for their help was not contrived—that we thought their views important enough to modify our own practice, to share with local agencies, and to make available to schools of social work. In other words, we had enough confidence in the group to *expect* its members to play a giving, as well as a taking, role. They in turn were proud of their contributing role and liked us better for having confidence in their power to assume it. Continuous taking shrinks the ego—giving expands it, provided that what one gives is valued.

This article has been written in the hope of interesting other caseworkers in seeking

and using the help of clients to develop knowledge and improve practice. Social workers have many problems in learning how to ask for help. This brief attempt leaves most of them unresolved. But it did give us a higher regard for the clarity of perception and vigor of conviction of the multiproblem family. And if observations of social work practice can be put into words by clients from a group for whom language presents difficulty, it should be possible for clients of better education and larger vocabularies.

There is no question about the value to us of client observations of social work methods. Our hypotheses about behavior and how it can be influenced need all the correction or verification we can find. Our clients can tell us more about how they are influenced, or pushed away. They can suggest the more effective stimuli for change. They *can*—if we develop better methods of asking.

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BY ROSALIND JABLON AND HERBERT VOLK

Revealing Diagnosis and Prognosis to Cancer Patients

THE SOCIAL AND psychological concomitants of cancer are profound and extensive, and a treating physician inevitably needs to grapple with these allied issues. Present medical thinking also holds that it is inadequate to treat a "disease." The doctor-patient relationship must encompass concern and activity to help a patient with the anxieties evoked by the illness and the treatment process. Though this philosophy is widely supported, medical practice frequently falls short of the espoused goal. Typically the physician's explanation for restricting his activity to the treatment of disease is that he does not have the time for more than this. It is tacitly assumed thereby that a doctor would have the skillfulness generally to help patients in the broader sense. The authors question this premise and propose that it is rather the other way around. The difficulty in implementing comprehensive medical care arises out of the failure of medicine to understand the problems and skills involved in attaining this quality of service, and as the medical profession achieves greater appreciation of the complexities of treating a "human being," it will find both the time and means

to do so. Toward this goal, the ensuing discussion offers some deeper understanding of a critical problem in managing the breast cancer patient. This is the issue of revealing diagnosis and prognosis to the patient.

The thinking expressed in this paper is mainly based upon experiences with breast cancer patients attending the tumor clinics of the Bronx Municipal Hospital Center, a New York City general hospital. The authors believe these patients to be representative of the general breast cancer patient population, but this is an inference based upon observation rather than statistical demonstration. Breast cancer patients include women with operable disease as well as patients with advanced inoperable or recurrent postoperative malignancy. Generally the patient with early operative mammary cancer is a younger woman than the patient with advanced metastatic cancer. However, within our population there is no predictable correlation between stage of illness and age of the patient. In this study patients are differentiated according to broad age groupings, since it is believed that this criterion is both meaningful and functional; more concretely, it offers the medical practitioner the clearest and most usable guide for dealing with the problem under discussion.

In determining the appropriate type of medical treatment for the breast cancer patient, the stage of the disease is clearly the critical differentiating factor. However, in studying the sociopsychological trauma incident to the illness and the kind of social

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casework service needed by the patient, the most significant (and readily observable) differential factor is typically the age of the patient. Since our paper is concerned with the latter area, we are classifying our patients into two broad age groups—the first, women in the age range from 35 to 50 years; the second, women 70 years and over.¹ The significance of this specific chronological classification is the differentiation between persons functioning at sharply different phases of the life cycle, and therefore typically carrying very different social roles in living. The age group 35 to 50 is generally made up of women who are actively connected with others in the roles of mother, wife, friend, and working person. These patients are usually aware and mentally alert. The life experience and self-image of this woman is oriented toward being socially and physically adequate and self-reliant. In contrast, the patient 70 years and over has few active relationships, her social role is minimal; frequently she is dependent on other adults (married children) or she is alone in the community. She is a less aware person; her total life pattern, psychically, biologically, and socially, is largely adjusted to passivity and dependence. Women whose age is between these two ranges, 50 to 70 years, constitute the most heterogeneous group, but our studied population showed no significantly different characteristics among these patients as compared with the patients of the preceding two groups. This leads us to include the 50- to 70-year-old patient in either one of the aforementioned patient groups; the appropriate choice will depend upon the grouping with which her particular living patterns are most comparable.

¹ Age alone does not automatically define and categorize the vital qualities of a particular personality and her life involvements. In discussing large groupings of patients, however, age is the most applicable single criterion for classifying patients into homogeneous subgroups based on sociopsychological factors. The writers accept that more extensive study may yield finer or changed age groupings as more precisely significant.

Illness, as any life event, is an experience which occurs within the broader life picture; and the meaning and dimensions of any experience are synthesized out of its significance within the broader whole. The full life picture for the women of 35 to 50 years is radically different from that of the woman of 70, and therefore the social and psychological meaning of disease at these different stages of life will necessarily also be sharply different. In line with this, the treatment role which social casework offers these patients will need to vary, derived from the difference in meaning and impact of the illness in the total life configuration of the patient.

The nature of a social casework service to any person is bounded and determined by that person's awareness of his situation. The most vital life fact for the cancer patient is his illness; and a casework service will need to be geared closely to the patient's understanding of his medical condition. This pertains both to concrete services which can be offered, as well as to what can be an appropriate focus of counseling help. In illustration, one can only handle irrational fears about cancer with the patient who has been medically informed of his diagnosis.

SHOULD THE PATIENT BE TOLD?

There have been sharply differing attitudes in the medical profession about whether to reveal diagnosis to a cancer patient. General agreement exists only about the need for sharing diagnosis with a responsible relative. The philosophy opposing sharing diagnosis is the more entrenched and longstanding one, whereas those who argue for greater candor with patients represent more recent thinking. Advocates of each opinion have written effectively for their beliefs. Each side points for justification to a particular sequence of traumatic eventualities that may ensue when the patient either is made aware of his illness or is "protected" from his diagnosis. It is unfortunate that each school of thought largely

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ignores the logic and experiences of the other. However, review of the literature, observation of professional practice in the Bronx Municipal Hospital Center, and discussion with medical personnel of other New York City cancer centers reveal that these two opposing philosophies exist more in terms of theoretical speculation than in daily medical practice.

Practicing physicians exposed to both views reject a dogmatic use of any one theory of patient management. They express the need to individualize in giving medical information, recognizing that any piece of knowledge may be helpful to one patient but destructive to another. Medical practice, however, is at a still different point, lagging far behind intellectual conviction—in fact, few patients are told a cancer diagnosis. In view of this dichotomy between conviction and practice, it is important to examine the opinions traditionally offered on the issue, "Should the patient be told?"

Those who believe that it is generally more helpful to conceal a malignant diagnosis from the patient present the following reasons:

1. The awareness that the illness is cancer precipitates too great an emotional burden. The usual patient would respond with panic or depression, thus destroying his capacity for productive living during his remaining span of life.

2. Most cancer patients do not want to know the truth about their illness. Though generally not stated explicitly, the sequence to this is assumed to be: this patient knows what is best for himself, and the doctor will be most helpful by respecting the patient's wishes.

Those who argue for informing a patient of his diagnosis and prognosis point to the following observations:

1. It is virtually impossible to deceive a cancer patient effectively about his illness. His own awareness, the infinite subtle communications brought him in his relationships with others (family and medical personnel), will transmit clues to the truth.

2. Inasmuch as most cancer patients suspect their diagnosis and become aware at some point of their medical course, attempts to conceal it with unduly optimistic statements breed distrust, resentment, and emotional isolation in the patient. The patient needs to feel trust in his doctor, the support and closeness of friends and relatives in bearing his illness; he is deprived of these when fed unrealistic and unconvincing promises.

3. There are patients who have known their diagnosis and who have had the strength to continue productive living. They have demonstrated that there can be greater values and ease in being aware of one's real condition.

4. Most laymen are to some degree emotionally and knowledgeably irrational about illness. A patient suspecting cancer but advised otherwise is also frequently left alone to harbor many irrational fears. To the degree that there is doctor-patient trust and the illness can be discussed openly, a doctor can learn the patient's fears and help him understand his illness more rationally and to take measures in his own behalf.

Each of these points of view expresses a partial truth of human psychic life and human relationships. Still unanswered, however, are two key problems: first, perceiving the unique way in which each patient integrates these strands within himself; and second, judging therefrom the most helpful course of medical management for the specific patient. In essence, we see both views as having contributed theoretical insight; but the task still untouched concerns the skillful management of a therapeutic relationship with an individual patient as this relates to the socio-psychological trauma inherent in malignancy. And in considering the latter, the specific questions now needing re-evaluation are the following:

1. Medicine accepts the validity of comprehensive care and differential management in dealing with the cancer patient. Yet practice continues to conceal diagnosis,

and differential management is sparsely evidenced. What factors can explain this? Is existent practice meeting patients' needs?

2. How can one differentiate what should be told to whom? Can we begin to formulate significant criteria to help judge whether a particular patient should be informed of his diagnosis and/or prognosis—or the reverse?

3. In malignant illness where the social and psychological meaning of the affliction is most profound, is it the best practice to place sole responsibility upon the physician for determining the psychologically best course of patient management? Is the medical doctor generally adequately equipped to help the patient with the emotional trauma?

In the Bronx Municipal Hospital Center Breast Clinic, patients are not usually told their diagnosis. Our experience is that many patients, certainly women below age 50, suspect their true illness and carry this terror-laden knowledge only lightly veiled.² Most patients are ambivalent about corroborating their suspicions. They demonstrate strong need to avoid exploring their fears; yet, equally tenaciously, they distrust medical and familial reassurances about their illness. Overtly these patients frequently appear to come to the resolution of keeping the truth barred behind a thin veneer of desperate hope. Yet many of these same patients do have the strength on occasion to ask directly, "Do I have cancer?" This situation constitutes the basis upon which it is argued that the cancer patient usually does not want to know the nature of her illness, and that the doctor will be most helpful by following her wishes. However, this thinking needs critical evaluation.

A PSYCHOSOCIAL APPROACH

The human being cannot bear isolation, and man's psychic structure inevitably strives against this. On conscious and un-

conscious levels, we devise ways to re-establish threatened interpersonal connections, tenuous as these ways may be. A sense of isolation breeds guilt, inadequacy, and fear, and we search to avoid experiencing ourselves as isolated from others. Death is isolating—not only for the dying, but also for the living. Further, the values of our culture also tend to emasculate man's capacity to deal with the inevitable facts of infirmity and death. Dependence and inadequacy, inherent in any illness, are defined culturally and experienced individually as bad and to be feared. Doctor, patient, and family members are all subject to these emotional forces; and consciously and unconsciously, we will all try to shield ourselves from meeting human mortality and weakness. Thus, the cancer patient who chooses overtly to deny the threat of malignant illness comes to this solution within a milieu which encourages evasion. In infinite direct and subtle ways, we who are well discourage this patient from facing us with his frightening, alienating truth. Should he want to know a malignant diagnosis, he may first need to "help" the living to bear his tragedy before he can be given his own right to do so. Ilse S. Wolff reports just such a situation most movingly. A young nurse recorded her experience with a patient in the late stages of bacterial endocarditis:

... Every day when she entered his room, she felt a strong upsurge of feelings of guilt. She was going to live, while he, of her own age, was about to die. "I know he wanted to talk to me; but I always turned it into something light, a little joke, or into some evasive reassurance which had to fail. The patient knew and I knew. But, as he saw my desperate attempts to escape and felt my anxiety, he took pity on me and kept to himself what he wanted to share with another human being. And so he died and did not bother me."³

² This observation is widely confirmed in other studies dealing with the cancer patient's awareness of his illness. A bibliography is available from the authors.

³ Ilse S. Wolff, "The Magnificence of Understanding," in Samuel Standard and Helmuth Nathan, eds., *Should the Patient Know the Truth?* (New York: Springer Publishing Company, Inc., 1955), p. 32.

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Need we not ask to what extent our continuing "humane" denial of medical reality with a cancer patient may be protective of our own defenses against the impact of death, inadequacy, and pain? Also, to what degree does our practice reflect inertia? We continue to do what is more familiar, thereby following the path of least resistance—intellectually, psychologically, and socially—for both doctor and patient. Inasmuch as medicine still cannot cure cancer, can this diagnosis cause some sense of guilt and defeat for the doctor, making it difficult for a sensitive physician to reveal a malignant diagnosis? There has as yet been no serious, scientific exploration of the question of what is therapeutically best for the patient himself.⁴

Medical opinion generally agrees that it is necessary to individualize the doctor-patient relationship, but that it is difficult to judge what is best in dealing with an individual patient's anxieties and questions. Truly this is so. Today there exists a large body of knowledge concerning skilled, therapeutic intervention in the social and psychic life of man by means of a trained relationship. Psychiatry, social work, and psychology are all disciplines involved in this content. The general medical practitioner or surgeon can only rarely be skillfully aware of all the many facets of his patient's social and emotional life, yet this doctor is asked to judge and to act with helpfulness in relation to a patient coping with the trauma of malignancy. It is also he who must carry final responsibility for what is told a patient regarding his medical condition, since the physician must be responsible ultimately for the patient's care. It is this situation which necessitates that those trained in dealing with human behavior and interpersonal relationships contribute to medical understanding of these

perplexing problems in patient management.

Professional staff will be better able to evaluate the social and psychological facets of a patient's life when they have some clear and specific criteria by which to guide them. Such objective criteria need to be understood as guides to facilitate arriving at an individualized approach to patients, through highlighting some of the important, common differentials among patients. Guiding criteria must be applied together with careful individualized judgment, never in a dogmatic, mechanical manner. It is within this framework that we have drawn up the following tentative recommendations which have been useful to the authors in evaluating the question of whether a breast cancer patient should be informed of her diagnosis and/or prognosis. Though the specific recommendations which are presented apply only to the breast cancer patient, it is our opinion that this report has wider pertinence in pointing out a useful direction of thinking in relation to all cancer patients.

RECOMMENDATIONS FOR INTERPRETING DIAGNOSIS

Unless there are major contraindications, the patient with breast cancer up to 50 years of age for whom there is probability of medical control of the disease for a substantial period of life should be advised of her diagnosis. However, along with this, it is vital that the patient's concepts of the disease are essentially accurate. The patient must be told clearly first, that she is not doomed, and second, the few cautions she will need to observe. The patient between 35 and 50 years is typically a woman actively participating in many relationships; often others are dependent on her. She is an aware, thinking person, whose self-image is geared to being adequate. Such patients almost invariably suspect their true diagnosis; reassurances to the contrary are rarely effective. This person's many active involvements in community and family groups

⁴ All the studies seen by the writers deal with this major question only in a tangential or philosophic manner. Nevertheless, the data available do tend to challenge the continued widespread practice of withholding diagnosis from the cancer patient.

hold the constant threat of temporarily allayed suspicions being restimulated, the truth becoming known, under circumstances in which realistic medical knowledge and assurance are least available.

Such a woman is more probably a person with strong motivations for life, inherent in her biological and social status. The motivation toward life carries with it both the need to feel herself in control and the strength to face trauma. It is these forces that impel the younger woman to express a persistent, though conflicted, desire to know her diagnosis in contrast to the older patient who will usually deny the illness far more effectively. The same drives in the younger patient can, however, also be channelized into other directions if the patient is permitted an alternative. They can be available to the patient in facing her true diagnosis and still reaching out for continued satisfactions in living. It is our experience that the anxiety of the younger patient is frequently interwoven with fears about the welfare of others, primarily her children. Realistically, knowing her illness (when there is still a hopeful prognosis) may release a parent from corroding uncertainty and conflict and free her energies for planning constructively for her child and herself. It is also important to realize that honest, realistic reassurance will generally be more effective and sustained than false overoptimistic hopes. Similarly, our own capacity to deal with the patient's anxieties will be more secure when we are not burdened with gross untruths.

The woman under 50 years whose illness is at an advanced stage presents different problems. Her social roles and emotional and intellectual attitudes have been described. However, the patient's more critical medical status produces grave differences in her emotional resources and needs, as compared with the patient of the same age whose disease is controlled. The advanced cancer patient will be experiencing more or less prolonged debilitation and physical pain, relieved usually only for brief periods.

There can be no hopeful prognosis of sustained freedom from disease. Death is advancing inexorably. The patient's accelerating symptoms of pain and disability will intensify anxiety and hopelessness. On an overt level the patient may evidence an intense, desperate desire to live, but one can safely assume that this is far from the entire emotional matrix. At our present point of understanding, it is wiser with most of these patients to conceal diagnosis, but this decision must always be determined discriminately in relation to the particular patient—not mechanically out of inertia.

It is pertinent to be aware of two vital considerations with the advanced cancer patient. First, does the patient herself convey strong need to know her diagnosis? Obviously, if she does not want this knowledge, it will not be of therapeutic use to her, but will only increase her anxiety and despair. Second, there are some persons for whom uncertainty and not knowing are intensely upsetting and emotionally draining, since for them unsureness is emotionally synonymous with total loss of control. This patient will press to know diagnosis in an effort to subdue the feeling of loss of control. This is a most difficult patient to manage, since the same unbearable psychological threat of loss of control is also inherent in the patient's medical status. To tell such a person her diagnosis contains the danger of intensifying the very anxiety which drives the patient to demand the diagnosis. The most helpful management may be to share as much real understanding about the illness and prognosis as is asked by the patient, and which can be given without revealing diagnosis or the inevitable fatal prognosis. The disease can be explained, to the extent of the particular patient's understanding, in terms of the organic processes involved (sufficiently broadly as to conceal the diagnosis); as a chronic, inflammatory condition responsive to palliative measures for varying periods of time. With this kind of understanding, the person may be helped to feel a sense of greater

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control of her life, since understanding is a force which can yield a greater sense of adequacy and active participation.

For the woman over 70 suffering from either operable or advanced cancer, there is generally no therapeutic value in knowing the nature of her disease, and in our experience, this patient rarely requests this. Her biological and social life level is such that she is essentially adjusted to passive, dependent living. She is aware of and accepts the fact that illness and incapacity are virtually inherent in her stage of life. She has both diminished need and strength to cope with life's traumas in an active participating way. To give the patient the knowledge of her diagnosis and prognosis would generally precipitate added anxieties and would serve no useful purpose for the patient's remaining life.

INTERPRETING PROGNOSIS

What should be told a breast cancer patient requires differentiation between sharing diagnosis and dealing with questions of prognosis. To be aware that one is living with an incurable illness, or that one faces a danger of possible reactivation of disease, does not involve the same degree of psychic threat as is contained in the knowledge or suspicion of inevitable fatality. To the degree that a patient is able to face the realities of her life, her capacity to make constructive adjustments is enhanced. Many who could not bear knowing a diagnosis of cancer can sustain the knowledge that their illness is chronic, or holds the danger of reactivation. In many instances it would be far more helpful to give the cancer patient this kind of realistic, prognostic picture, rather than to permit false or overly optimistic concepts of cure. A case in point would be the young breast cancer patient who becomes pregnant without knowing the

risks of reactivating the disease, because of the factors involved in hormone levels during pregnancy.

In our experience we found it advisable to inform the advanced cancer patient that her disease is chronic, though amenable to palliative measures, rather than to permit or encourage her to build hopes of cure. New therapeutic agents which can bring temporary regression of disease may be interpreted by the patient as a cure, regardless of whether the doctor corroborates this. However, the potential dangers in this unrealistic understanding are too great to be justified by the transient value for the patient of believing or hoping that a cure is possible. The patient who anticipates cure is implicitly directed to live unrealistically; she is unprepared for what does occur and misunderstanding interferes in feasible planning for her life. Moreover, when there is protracted illness with periods of clinical relief and then further progression of disease, the patient who has been awaiting cure will become confused, resentful, and distrustful of the medical relationship. She will feel deceived and increasingly isolated from family and doctor as her unreal hopes are slowly shattered by the stark truth of her experiences.

CONCLUSION

In proposing these beginning guides to differentiated medical management of the breast cancer patient, we emphasize that the criteria used—age and stage of disease—cannot be applied mechanically, without evaluation of their substantive appropriateness to the particular patient. They are to be understood as guides, not substitutes, for differential diagnostic judgment with each patient. The significant individual characteristics of each patient must always be considered.

BY MARCELLA FARRAR AND NELIDA FERRARI

Casework and Group Work in a Home for the Aged

ENTRANCE INTO a home for the aged is a climax in a person's life, a dynamic event radiating various degrees of pleasure and pain, satisfaction and deprivation. Contrary to the older concept that held this step to be passive and "end of the road" for all who entered, we now view it as a potential for a new way of life, given certain conditions. Of major importance is a professionally trained staff, working closely with other disciplines in fact-finding, evaluation, admission, and follow-up service. There is much to be learned as one observes the broad drama of life in a home, the interplay of personalities, revelations of cause and effect, individual and group adjustment and maladjustment.

This we found at Braeburn House over a two-year period of collaboration in casework-group work practice. Braeburn is one of three small homes owned and operated by the Benjamin Rose Institute of Cleveland, Ohio. The institute provides a variety of services to older people: namely, casework service and financial aid to clients in their own homes and in nursing and boarding homes, a medical care program to the clients in the community, and hospital care at Benjamin Rose Hospital, a teaching hospital dedicated to service to older pa-

tients and affiliated with University Hospitals and Western Reserve University. Psychiatric consultants are available to the casework, medical, and nursing staff of institute and hospital.

The house itself presently provides residential care for five men and eight women, ages 72 to 92. It is an imposing residence, well landscaped and not unlike many of the other expensive homes in this community. All residents receive casework service from the institute. When vacancies occur, new placements are made on the basis of casework consultation and general discussion in a staff meeting. Although at times expediency dictates choice, the objective is to use psychosocial evaluation to determine the clients' requirements and potential adaptability to this kind of group setting. Most residents are sufficiently competent, physically and mentally, to maintain outside contacts and interests.

USING THE GROUP

The dynamics of group living at Braeburn House, as well as in the institute's other two homes, have been a matter of interest and concern to the casework staff. Individual clients have at times been adversely affected by group tensions. Prior to 1956 there had been active speculation as to whether a group worker, added to the staff, might aid in sustaining the client's initial zest and sense of adventure, so often reduced by later interpersonal entanglements. There were other questions when a new client was to be admitted. How would group interaction affect and be affected by a narcissistic, hos-

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tile-aggressive, or hostile-dependent candidate, in view of the size and make-up of the group? How aid in assimilation of the more timid individuals, through supporting and developing latent strengths? How create a medium through which well-integrated individuals could express their strengths and interests for the benefit of the entire group? There were other queries also: How could the caseworker know the reality of group adjustment problems, when the individual client presented complaints in the light of his own projections and fantasies? When symptoms related to the group interfered with adjustment, were there any solutions, short of removing the client to another setting?

In 1956, a social group worker began to meet with residents one day each week at Braeburn House. This worker, engaged in a three-year group work project in Cleveland homes for the aged, had her office at the institute, where she was supervised by the case consultant, maintained active working relations with the caseworker and administrative staff, attended psychiatric consultations and seminars, read case records, and shared her group records with the casework staff. Braeburn House was the only home in the group work project that had the benefit of casework service and casework and psychiatric consultation.

Significant values came from this attempt to integrate casework-group work service. Group work supported casework in therapeutic effects on individuals. Group work techniques began to be modified by use of the caseworker's psychosocial evaluation. The group worker began to deepen her understanding of individuals and of the dynamics of their behavior, and she learned more precise methods in offering service. Caseworkers gained a new perspective as they became aware of the needs of other individuals in the group. Given a reality-oriented framework by the group worker, they were better able to assess clients' strengths and limitations. The group worker's observations of personality facets, hitherto unknown, helped to confirm, ex-

pand, or modify the caseworker's diagnostic findings, resulting in more exact evaluations.¹ Individual and group stresses, constantly changing, but shared and assessed by caseworkers and group worker, were considerably lessened through joint efforts.

At the outset, the group worker had individual interviews with residents to explore interests and get suggestions. Despite age and handicaps, most residents responded positively and expressed active interest in giving the proposed program a trial. This response was in contrast to initial reactions of residents in other homes for the aged in the three-year project. In retrospect, it was the group worker's opinion that the high degree of active interest and ability to risk a new experience was related to preservation of ego strengths and the client's confidence in a professional relationship already established with individual caseworkers. As things worked out, the group work program consisted of refreshments, outside trips (the theater, the zoo, baseball games, and so on), speakers from the community, movies, music, and a spring festival in which the resident's handiwork was displayed for invited relatives, friends, board members, and the institute staff.

To trace the web of interpersonal relations "before and after"—to show the effect of group work on individuals, and the results of casework-group work collaboration—selected illustrations will be presented. In these cases psychosocial diagnosis had been based, in part, on individual medical evaluations and psychiatric consultations.

¹ Thus, for instance, in a group project to prepare scrapbooks for hospitalized children, one member, Mrs. D, became anxious and expressed doubt of her ability to finish the book. The group worker discussed the problem with Mrs. D's caseworker, who was soon to take maternity leave from the agency. The caseworker shared information about Mrs. D's strong reaction to her leaving, separation anxiety, and hostile feelings toward her unborn child. With increased understanding, the group worker gave more support and temporarily assigned Mrs. D to a different task. After she had worked through some of her ambivalence toward the caseworker, she spontaneously went back to her scrapbook and completed it.

THREE MEN

Of the four males then in residence, three were active in the group: one of these, Mr. Slade, 88, was showing increasing signs of mental deterioration. Mr. Stare, 85, long-time resident, was uncommunicative and crippled with arthritis. Mr. Mack, 80, a relative newcomer, isolated himself through continual complaints and inconsiderate use of his hi-fi machine. In group living, tensions were increased by the fact that sleeping quarters for male residents were of dormitory type and space was limited for personal possessions. The more advantageous living quarters for the women residents was one of many factors in the poor group relations that existed between male and female residents at the time of this project. To a degree, it was known that competitiveness drove a wedge between individual male residents; also, that certain women residents openly showed disdain and otherwise belittled the men.

The men found staunch support in the group worker. They were encouraged to meet with the group when they chose, and on their own masculine terms. At first, there was testing of the group climate. Individually and in pairs, the men would come in only after "work" sessions, for refreshments. When some of the women attacked them for their "laziness," these belittling remarks were stopped by the group worker. In attending the theater, male prerogatives were observed and the men escorted the ladies and offered after-theater refreshments (agency financed). After such group experiences, Mr. Slade would become a little more manageable in the casework relationship. Mr. Stare, gaining emotional nourishment from the group worker's support, was able to extend himself more toward others, verbally and emotionally. Whereas earlier his low self-esteem had been expressed through untidiness in dress and a sad, defenseless slouch, now his personal appearance and posture so improved that the women showed approval through comment and willingness to include him in the group.

It required close casework and group work collaboration to understand and manage problems growing out of Mr. Mack's constant complaining and unhappy group relations. In this case, failing vision and hearing had forced relinquishment of independent living. In moving into Braeburn House, Mr. M's most precious possession was a magnificent hi-fi and album collection, played according to his own whims, regardless of the feelings and needs of other residents. Along with this, Mr. M made unrealistic demands for special service from the house staff. As a result, a barrier was being erected around him by other residents.

When the caseworker and group worker presented this case to the institute's psychiatric consultant, it was pointed out that the hi-fi had overdetermined meaning—a natural reaction to loss of physical powers and independence. Mr. Mack was seen using the hi-fi in various ways: to make contact with the caseworker and group worker, playing music that appealed to each; narcissistically as an enhancement and extension of himself; and competitively, to reassure himself that he had a unique source of power other residents neither had nor could appreciate. His complaints and inability to enjoy already existing resources of the house were evaluated as an *offensive* to prove he was not dependent and helpless, even though he had been forced to seek such a protected setting. It was pointed out that his complaints should not be taken literally and realistic limits should be set, both in regard to use of the hi-fi and excessive demands made on the house staff.

In line with this understanding, the caseworker, through consistent contact with Mr. M and the staff, aimed to support strengths and set reasonable limits. The group worker then encouraged special activity to demonstrate to Mr. M and the group that he could still function and be accepted, despite organic defects. As Mr. M gained a sense of value as a person, with or without his hi-fi, his attitudes underwent change, resulting in his acceptance of the

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house as his home and some improvement in group relations.

FIVE WOMEN

Among the women there were three who frequently united to bait the director of the house and to stir up the other residents: Mrs. N, 78, Mrs. A, 85, and 75-year-old Miss Z. Miss Z was a natural leader but in group living her rich talents were often in service of hostile aggressive impulses. She hated to grow old, and cruelly mimicked speech and mannerisms of other more defenseless residents. Group behavior revealed many diagnostic clues and the need for setting realistic limits.

Mrs. A was often the target of Miss Z's cruel remarks. This resident had been admitted to Braeburn House as a calculated risk five years earlier. At that time, reaction to many accumulated losses had precipitated collapse and hospitalization. With medical backing, the caseworker had placed determined reliance on Mrs. A's healthier self, so that in time the client had come to acknowledge and act upon a degree of inner strength and independence.

Now, in the face of Miss Z's sadistic domination, and weakening defenses, the neurotic chink in her armor was widening. She sided with Miss Z in snubbing others, and presented herself at group meetings as a pitiful, almost blind person, feeling her way and losing her balance, though she would never actually fall. This unrealistic show of weakness—an open invitation—provoked various unhealthy group reactions. For instance, in Bingo games, Miss Z would take charge of Mrs. A's cards and call the numbers, all the while making cruel remarks about her poor eyesight and helplessness. At Mrs. A's whimpering protests, Miss Z would taunt her with failure to use her magnifying glass to read the numbers, as well as other threatening remarks. A climax was reached and some modification in the individual and group behavior of both these residents, after a meeting in which the group worker supported Mrs. A's

somewhat tentative use of the magnifying glass which enabled her to read her own cards. This show of self-dependence provoked Miss Z to anger, and she struck out at Mrs. A, other residents, and the group worker. Miss Z's defensive revolt was met by group worker's holding firm, using reality as a guide, and lining up with individual strengths in the interest of group unity. For a time after this, this unity served as a protection for Miss Z in helping toward better self-control. Mrs. A's show of self-reliance in the face of Miss Z's attack gained for her new respect and further support from the group. Other gains were observed in a better relationship between these two residents and the house director.

As for Mrs. M, it was her aggressive side that attracted her to Miss Z. Yet she was an earthy person, too, who could sublimate her hostile impulses through helping others. Only when threatened with recurrence of a mental collapse did she lash out and become dictatorial—a defense mechanism to maintain contact with reality and ward off depression. While her caseworker increased regular supportive interviews, the group worker enlisted Mrs. M's help in "doing" for members of the group. Much of her aggression was channeled into competitive games and work projects. Within six months Mrs. M showed better balance and less tendency toward revolt and unhealthy alliances.

Both Mrs. Foy, age 85, and Mrs. Lane, age 92, were well integrated as individuals, but each had quite different group relations. Whereas Mrs. Lane enjoyed people, Mrs. Foy's almost total blindness and superior disdainful airs created emotional distance between her and others. Unacknowledged fear of total blindness and helplessness led to defensive self-aggrandizement, and denial of the need for special instruction and help in relation to her blindness.

These women both contributed to and gained much from the group. Mrs. Lane's great capacity for relationship and activity was satisfied and used for the benefit of

others. Heretofore, she had not found enough activity. Having no living relatives, she had spent most of her time reading and writing letters to servicemen all over the world. Now she found a medium through which she could directly help others less able in group relations. She consistently stood for unity, tolerance, and willingness to try new ideas. She was a tireless worker and encouraged others to try new projects. Her only known prejudice, revealed when she gave the group worker anti-Catholic literature, grew less important as—in her own words—she became “too busy with handwork to read such things.” She and the group gained a sense of prestige from her correspondence with President Eisenhower on the occasion of her ninety-second birthday.

Mrs. Foy gained self-confidence and reliance on power still intact, to bring her closer to others in the group. Her good mind and extraordinary memory were used in the service of others less capable in games and crafts. After gaining a feeling of group status and usefulness, she was able to acknowledge her near-blindness and need for special instruction from the Society for the Blind. Before her sudden death from a heart attack, she had become a happy, active group participant.

LONG-RANGE TREATMENT

Mrs. D, 72, former physical therapist and youngest resident in Braeburn House, had made it quite clear during her four years there that she did not regard herself as “one of the group,” but had tried to act as an assistant to the director. When the latter refused to recognize this role, Mrs. D withdrew in self-pity, and spent increasing amounts of time away from the house, in aimless shopping or visiting. Though cataract surgery had been successful, and she was physically and mentally able, overinvestment in eye complaints and fear of blindness had stood in the way of acting on her caseworker's suggestions regarding part-time work or more purposeful outside

activity. Mrs. D was one of the few residents to decline the group work service in the beginning.

History revealed that this client had never felt “safe” in groups. Study pointed up a correlation between inability to establish herself in any previous social or professional group, and uncertainty about her place in her natural family group. At home as at Braeburn House, she had been the youngest. Her mother had died shortly after she was born. Going to live with her grandmother, she had been the youngest of 13. Data pointed to the probability that fear of rivalry and lack of assurance which she wanted for herself had caused her to escape early into an unsatisfactory marriage. Most obvious now was her strong need to control (wanting to take over the director's responsibility and taking leave on her own terms) which seemed a defense mechanism to ward off anxiety.

The social history revealed that Mrs. D had terminated employment at age 62, following cataract surgery. In retiring so young, she was seen wanting things that a child wants, not within reach of attainment. Though she craved affection and status, she seemed afraid to accept such benefits passively, lest there be strings attached. Fear of rivalry and of exposing her shortcomings, and the expectation that she would be denied any control or leadership, seemed to account in part for her refusal to join the group.

It was her caseworker's and the group worker's thinking that Mrs. D had much to give and much to gain from the group. If she could be allowed some degree of control, in a controlled way, through use of her very real skills, she might learn to trust the group and have less anxiety about her own imperfections and impulses. Awareness of transference and countertransference reactions, to avoid being drawn into unrealistic plans, and a consistent approach were seen as most important.

After the group work program had started, it was noted that Mrs. D soon stayed at the house on the meeting day, and sat just out-

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side the meeting room so that she could watch and hear. Encouraged by what she saw and discussed later with the caseworker, she next offered to "assist" the group worker by assembling the residents for the meeting and starting the organization of games so that the group worker might be relieved for other tasks. Soon Mrs. D was attending regularly. Supportive casework interviews, consistent acceptance from the group worker, and realistic use of her talents in the group situation all played a part in helping this resident gain self-assurance and group acceptance. Frequently she used the caseworker and group worker interchangeably, so that close working relations were most important. As satisfaction in the group reduced Mrs. D's demands for special recognition from the director, better relations were effected with the latter.

The following excerpt is from the group record:

A person who worked remarkably well today is Mrs. D. She made a Christmas tree for her caseworker and did some beautiful and delicate beadwork. She never refers to her eye difficulty, but acts like a person who knows her limitations and keeps herself busy and happy within these. She is efficient and can be counted on to help, without taking over completely, and to exert a positive influence when there are dissensions.

A climax came when Mrs. D asked for volunteer work in a social agency. In this work she found a final test and support of her very real adequacy.

CONCLUSIONS

In the two-year period in which caseworkers and the group worker collaborated at Benjamin Rose Institute, the two disciplines emerged as effective partners in Braeburn House, a home for the aged. With common aims and supplementary methods, each contributed to a joint affirmation and use by the older residents of their real strengths. Latent individual interests were revealed in the group. Old skills were re-

vived and used in the service of others. Residents were encouraged through the group worker's understanding and use of group process to develop initiative, independence, and a more optimistic outlook. Understanding of group structure enabled the group worker to support strengths and manage problems so that there was greater benefit for all.

Undoubtedly the group process of "giving to and taking from" was heightened by the residents' living together and continuing to act and react before and after each meeting. The group worker noted that the specific form in which group energy was thereby shaped could be represented by a spiral, with a center, and one arm reaching out toward all residents, staff, and board. Thus in relations with individuals in the total group, one of the group worker's objectives became that of mobilizing this energy for constructive effects on group living. The maintenance of certain ground rules in the group situation became a technical device to strengthen individual self-control, and to dilute the threats of the more hostile, aggressive residents in the living situation. To a degree this objective was attained. In this project, casework offered fact-finding and psychosocial evaluation of individuals, fortified by use of medical and psychiatric disciplines, continuing casework service and supervision.

Such dynamic collaboration between casework and group work added worth-while and pleasurable pursuits to group members, supported the sense of adequacy that comes from being active and feeling useful, and provided good antidotes for loneliness and overabsorption in self and bodily complaints. Other values came from over-all improvement of morale and climate in the home. There was positive carry-over into day-to-day living and into residents' relations with others: house staff, board, relatives, and friends. A by-product was professional stimulation of both caseworkers and group workers and further integration and consolidation of specialized skills.

BY ERMA BLETHEN PARKER, TRUNETTE F. OLSEN, AND
MARGARET C. THROCKMORTON

Social Casework with Elementary School Children Who Do Not Talk in School

TO BE QUIET and to say nothing in a new, strange, and frightening situation is an understood and familiar ego defense. Beginning school involves leaving the mother's support and entering into new relationships. Most children show some transitory difficulties either at home or at school or in both settings, as they move into greater independence and the beginning of the learning process at school. Entrance into school is a critical point at which the socialization of the child is assessed in terms of the expectations of the kindergarten teacher and the intrinsic demands of the school situation itself. One of these expectations is the use of speech. Absence of verbal interaction is not only frustrating to the teacher but interferes with the entire educational process.

Since the inception of the school social work program in the Tacoma Public Schools in 1947, children who do not talk at school but speak elsewhere have continued to come to the attention of the staff. A study of this problem was begun two years ago as a staff project. A survey of the literature in the field revealed a paucity of relevant papers and it is hoped that this preliminary study will stimulate others to publish their findings and case material.

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FRAME OF REFERENCE

The school social work program in Tacoma, which is part of the Division of Guidance and Special Services, was established after careful study of programs in other cities by a Guidance Committee composed of teachers, speech correctionists, and principals. The committee recommended that the service be headed by a psychiatric social worker and that staff members hold the M.S.W. degree. This recommended standard has been maintained.

Each social worker is responsible for consultation and casework services in three or four elementary schools, or for a population of approximately 1,700 pupils in kindergarten through the sixth grade. During 1958-59 the twelve school social workers served over 10 percent of the 19,000 elementary school children in Tacoma Public Schools either through consultation alone (6 percent) to teachers and principals, or additionally (4 percent) through direct casework services.

Referral for direct casework service is ordinarily initiated jointly by teachers and principals, often in informal conferences with the school social worker. Such referrals are accompanied by a written request. A study period of three to four weeks is begun by the school social worker, who may observe the child in the classroom, and who ordinarily has a diagnostic interview with the child as well as several interviews with his parents. The teacher is encouraged to keep anecdotal records of the child's behavior. This information is supplemented by reports from the principal and other teach-

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ers and often from the school nurse, the speech correctionist, and community agencies. The child's school record is studied. Additional psychological evaluations, including intelligence tests and projective studies, may be requested.

Psychiatric examination and consultation are available through a close working relationship with the community child guidance clinic and the community clinic for the study of mental retardation. For the past several years school-supported psychiatric consultation has been provided from special state funds. Private and clinic pediatric and neurological services are also utilized.

SCOPE OF THE STUDY

A review of case files from September 1947 through January 1959 revealed that there were 27 children referred for casework service who did not talk at school although they talked at home, and whose intellectual and physical development appeared to be within normal limits at the time of referral. Since more than 3,600 children received casework service during this period, the 13 girls and 14 boys under study comprised only about .7 percent of this number. Overall caseload ratio has been two boys to one girl. No significant difference in incidence of this symptom from year to year was found.

This is one symptom which has caused early referrals. Nineteen were referred during kindergarten, 6 during the first three months of first grade, and the remaining 2 children almost immediately after they entered the Tacoma school system in grades two and four.

Some use of speech in the classroom was reported in all cases prior to closing although this was minimal for one boy who moved to another city after four months. Two cases were closed in less than three months; 16, in from three to nine months; 3, in one and one-half to two years. Only 1 case remained open over two years. At the

time of statistical review 5 cases were currently active.

Review of the 27 case records indicated that despite the unique constellation of each case, certain common problem patterns were discernible. Five children appeared to be reacting to stress because of environmental or cultural changes.¹ These cases included a boy whose father had died and whose timid mother moved the family from an isolated farm to Tacoma; 2 children who had experienced the loss of their mothers because of mental illness and hospitalization; and 2 Chinese brothers, twelve months apart in age, who started kindergarten at the same time. Brief casework services alleviated the symptom in these cases. These 5 children have been excluded from the discussion of dynamics which follows, as well as 4 children who were referred as having normal ability but were assessed by later psychological study as moderately retarded.² In the remaining 18 cases under discussion, the symptom was seen as based upon neurotic factors within the family structure. The discussion of dynamics in these cases

¹ In a number of additional situations, not included in the study because there were no direct casework services, staff members have been consulted by teachers about children whose muteness in school followed severe environmental changes. One first-grade girl was adopted from a German orphanage by an army couple who shortly thereafter came to Tacoma. A first-grade boy, the youngest of a large family, was born in the Deep South and reared by grandparents in an isolated rural area. At five he was brought to live with his mother in a crowded urban district in Tacoma. With support and reassurance from the teacher and the family, these and other children who had experienced severe environmental changes began talking in school.

² Difficulty was encountered in psychological assessment of these children because of their speech inhibitions or refusal to speak at all in the testing situation. For example, one child, initially reported as having an I.Q. of 76, in a later study after casework treatment, attained an I.Q. of 99, which still was thought to represent less than his true ability. This child is now achieving academically at a superior level in junior high school despite a residual expressive handicap. Psychological studies assessed four other children as moderately retarded, one because of brain damage.

must be viewed as a preliminary report awaiting further intensive studies of a larger number of cases.

In school, nonspeaking may be described as a passively hostile way of controlling the environment. This passive behavior frustrated the classroom teacher's basic function of education and aroused reactions of anxiety, concern, and irritation. In many non-verbal ways these children expressed defiance and resistance to authority. One teacher reported that a first-grade boy while drawing or painting consistently reversed colors, *e.g.*, using black when others used white. During a psychiatric examination, one child displayed indications of her hostility by letting things roll off the table and crash and letting them stay where they fell, breaking the crayons and splintering the pounding board.

CHARACTERISTICS OF CHILDREN AND PARENTS

The dependency needs of these children were seen as excessive. Eleven of these 18 children were reported as not participating in any classroom activities at the time of referral. Several kindergarten children refused to remove their coats or hats and would not enter the classroom without being led. A teacher described one of these children as "frozen the first month of school—stood where left by older brother." Typically, other children in the classroom assumed a protective attitude, answering for the nonspeaking child, interpreting him to the teacher, and carrying out errands for him. The child's unspoken request for services in school might be viewed as both a passively hostile way of controlling the environment and an expression of the child's excessive dependency needs.

Fear and anxiety were considered to be components in these cases. Repeatedly it appeared that the child had been instilled with parental fears and anxieties. In some instances the child's fears appeared to be due to mouth injury and/or mouth punishment, such as slapping. In one case a kindergarten boy had a mouth injury super-

imposed upon an infantile heart condition (paroxysmal tachycardia) which had required the mother's twenty-four hour vigilance for the first eighteen months of his life. The removal of two abscessed teeth at three and a half, after the dentist had sent the mother out of the room, was seen as a traumatic incident for this child, occurring as it did in a relationship already suffused with anxiety. In another case the mother would slap the child across the mouth if the little girl said displeasing things. In both instances it was felt that the mouth became associated with pain and anxiety and that this influenced the choice of the symptom. The child's unspoken formulation might have been "It's dangerous to open your mouth." In confirmation of this the caseworker of the boy noted that he covered his mouth with his hand, as if to protect it the first time he laughed aloud in a play therapy session. Another child covered his mouth while answering questions during a psychological examination. The psychiatrist suggested that these children would be more apt to reply to questions if the social worker turned his back.

A number of these children had suffered severe or prolonged illnesses which involved separation from the mother, as in the three early hospitalizations of the boy whose infantile heart condition has been described. A girl had been hospitalized every winter with severe bronchial asthma. Another girl had severe allergies and a traumatic hospitalization at one year of age. Another child was a premature infant. Several of these children developed temper tantrums and refused to permit the mothers to leave them.

Intense jealousy of the younger children was found frequently. This appeared to occur when resentment was chiefly focused upon the mother and mother figures. The overstrong and infantile character of these children's attachment to the mother made displacement by a new baby especially difficult.

Frequently it seemed that no real separation from the mother had occurred. There

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was often a clinging quality to the child's relationship with the mother. Four of these children had a history of a reluctance to come to school, which was attributed to the mother's inability to relinquish the child to the school. Since the relationship with the mother had not permitted the emergence of the normal, independent self expected at this point of development, these children were not able to function in school away from the mother.

Children studied who used nonspeaking as their chief mode of defense in school seemed both very dependent upon their parents and at the same time angry with them, the hostility being directed more often toward the mother. As supporting evidence it might be cited that in several instances these children were reported to talk more freely with men than with women at home and elsewhere. Overt expressions of hostility were seldom reported among these children at the time of referral.

Parents of the children studied seemed as a group to be anxious and fearful, especially the mothers. Typically mothers of these children were described in case records as "timid," "shy," "nervous and upset," "overprotective," and "overpossessive." Some parents reported that they had always been afraid of new situations. Some fathers had been slow to talk in school and one father had stuttered as a boy. In a number of cases illnesses of these children had made unusually heavy emotional and physical demands upon parents. A strong ambivalent tie to the child frequently appeared to exist. There were often indications of an overprotective relationship with the child. Some parents were reported to be overcontrolling and others were reported to be unable to set limits with their children. As a group these parents appeared outwardly passive and relatively inactive socially. Several parents themselves were reported as resorting to nonspeaking when angry. In general, parental relationships lacked the relaxed ease of healthy parent-child relationships in which the child is helped to move appropriately toward independence.

The following dynamic factors were viewed as significant in the choice of the symptom of withheld speech in these eighteen children.

1. Mouth injury or mouth trauma at the time a child was learning speech or severe or prolonged illness at this time especially in conjunction with separation from the mother.

2. Family patterns of nonspeaking—either on the part of parents when they themselves were young, or current patterns of nonspeaking as a retaliatory expression of hostility on the part of adults within the family.

3. Unsatisfactory nature of the mother-child relationship. The symbiotic relationship had not been resolved and deep feelings of frustration, with resultant anger, were experienced by both mother and child. The mouth remained cathected since normal infancy gratification had not been achieved.

TREATMENT

Treatment of the child in whom this symptom is diagnosed as neurotically based customarily operates on three fronts simultaneously. It involves working closely with teacher, parents, and child.

Teacher-worker conferences. The school social worker and teacher need to communicate freely as they plan together how they may help the child resolve his problems. Recognition of some of the stresses involved for the teacher is important. When a child's silence does not yield either to time or friendly effort the teacher may feel that this is due to something she has done or has failed to do. She feels at a loss to know what she should expect from the child or from herself. Frequently she does not know that there are other nonspeaking children in the school system. Letting her know that this does happen to other children and that this symptom when persistent is part of a tenacious syndrome may reduce her anxiety.

Classroom management is an area the teacher is immediately interested in discussing. The teacher needs to understand the

significance of the passive role which the child has established in relation to other children. An early objective is to reduce as quickly as possible these secondary gains arising from the protective attitude of other children. Their activities, although seemingly helpful, obscure the one-to-one relationship between teacher and child. The teacher has to realize that she is the one who should be helping the child in the minimal necessary ways. Some dependency gratifications cannot be avoided since the teacher provides some gains by acting as the child's liaison with the group. However, an important shift in balance is achieved which brings the child and teacher closer together as he looks to her for help. This strengthens the teacher's feeling of control of the situation.

The worker can help the teacher understand that each small step toward independence represents real progress for the child. As the teacher feels more confident in her relationship with him she can communicate in nonverbal ways as well as directly her assurance that he can do many things for himself. Her relaxed manner can imply that he will respond when he is ready, thus preventing mounting tension. When the child's class participation increases, he wins respect from his classmates as they see him become more self-directed. As treatment progresses the teacher is often able to suggest classroom activities which, while holding general values for all, have specific therapeutic value for the nonspeaking child.

Work with parents. Full participation of the parents, especially the mother, is of crucial importance. The information that her child does not talk at school when he is verbal at home may come as a surprise to the mother, although more frequently she has been aware of the child's shyness with strangers, including children. Nevertheless, she may feel that responsibility for the situation lies with the school. The mother needs the worker's sensitive understanding of her feelings of bewilderment, frustration, and worry as she tries to comprehend her child's situation.

Understanding begins with the discussion of the child's significant life experiences. Sometimes the events or conjunction of events which became traumatic for this particular child are not easy to identify, for the parents may not consider early experiences around a health problem, a family move from one location to another, or the birth of a sibling as having any causal connection. A careful exploration is necessary because so often traumatic events have occurred within the first two years of life. The task of remembering occurrences, dates, and sequences uses the parents' concern in a constructive manner and allays the possible threat to their adequacy in the parental role.

The adequacy of the parents must be supported by the school social worker as he and they examine not only the objective facts of the child's early experiences, but also the nature of the bond which grew up between them, fashioned as it was of external events and internal perception of these events by both child and parents. Whatever these events, their emotional equivalents have resulted in a disturbance of normal parent-child relationships, crippling the child's ability to differentiate and to attain wholesome levels of independence. As the parents' frustrations are accepted and their feelings put into words, their burden of guilt is reduced and they can be freed for deeper understanding of the situation in which they and the child are caught. The separation and individuation of parent and child thereby begins to evolve.

The worker anticipates with the parents the expected expressions at home of hostility as the child becomes less constricted in his expression of feelings. Overt expressions of anger toward the parents are usually difficult for them to accept since such behavior on the part of the child is ordinarily new. They need to understand and tolerate regressive expressions also, and to see them as evidence of movement. The parents need help in appreciating the child's need to move toward independence,

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as well as his fear of it. As the child's fear of his feelings diminishes he is helped to learn acceptable ways of expressing himself. The worker remains alert and responsive to the parents' own adaptive difficulties as growth and change occur in the child.

Treatment of the child. Casework with the child is directed toward the development of a more stable and differentiated ego. This is undertaken in direct work with the child, although sometimes the child is initially unable to accept the worker without the presence and participation of the mother. The school is an appropriate setting for work toward release of the child's immobilizing fear and anger, since these emotions, basic to the difficulty, are exacerbated by the physical removal from the mother's presence. The child, aware that his behavior differs, is told in the beginning the reasons for his interviews with the caseworker. He is confronted with the expectation that he can change. The following case excerpt illustrates the beginning of treatment with a first-grade child.

Deena was prepared for help from the caseworker by the teacher and the mother. Although she had become acquainted with me in the classroom, it was necessary to lead her by the hand from the classroom to the play therapy room for many weeks. At first Deena simply stood by the table upon which I had placed a variety of materials. She touched nothing, said nothing, just stood. There were long periods of silence which were broken by me. In a quiet tone I verbalized such feelings as "Sometimes it is hard to choose;" "Sometimes one is afraid to do things;" "Sometimes we want to do things but can't;" and "We don't like it when people tell us what to do." At times I would say, "This is your chance to choose and do what you want to." After another long silence, "Maybe you're afraid of me and wonder what I am going to say." Then I would reassure her that with me nothing was expected of her and that she could do as she pleased, but that she was going to see me once a week for an hour. She was told that she might be very mad

at me for making her come, but because it was hard for her to talk to kids and do the things that other kids did in school she would be coming to see me. Maybe after awhile it would be easier for her to do the things she wanted to do herself.

The first session Deena stood the whole time, but in the second hour after about twenty minutes she touched some of the toys in a gingerly way but did not play with them. In the third session she picked up some of the dolls and put them back in the box. During this time she was telling the mother that she liked to come to see me because there were so many things to play with. By the fourth session Deena manipulated the toys as soon as she came into the room, moving some of the toy cars one after another.

As the school social worker assesses the resistance of the child he can formulate definite goals. These children commonly need assistance in utilizing play materials, and the worker is often directive through his choice of materials and activities. It is easier to use the darts or the baby bottle if they are out in plain sight. Often it is well to verbalize what the child obviously feels. The worker represents both school and adult world to the child, including parents. Both become less threatening as the child's fears are diluted and drained by the worker's attitude, especially the child's fears of his aggressive impulses. As repression is relaxed by the child, energy may at first be expressed in primitive forms. A useful technique for assisting the child to cope with instinctual drives is the traditional, "Let's pretend." By use of this technique children can often master their fear through identification with the aggressor as they act out the aggressor's role in play. This is illustrated in the case of a kindergarten child where the diagnosis of severe early mouth traumata associated with dental work was confirmed by the psychiatric consultant.³

³ It should be noted that casework focus on this level is not common in school social work as most school social workers do not have equal access to psychiatric resources.—SSW Ed.

The psychiatrist recommended that work be done with Martin involving orifices, with objects put into them and taken out, such as a ball into a basket. This was well tolerated by Martin, and I moved on to the use of clay. With the comment that I had to go to the dentist to get my teeth fixed, I made a shallow bowl of clay which, with bits of clay affixed to the rims for teeth, might pass for the mouth cavity. Martin copied my activity. In response to my comment that I hoped the dentist would not hurt me, Martin picked up a small mallet and began to pound on the clay mouth he had made. I put my hand to my jaw and made moaning sounds and complained that my teeth were really getting hurt. Martin made no sound but smiled broadly and increased the fervor of his attacks on the clay mouth. Aggressive play with clay mouths continued during the four succeeding sessions. In the fifth session, rather than destroying the clay mouth, Martin fed it a pretend piece of candy. After this he showed no further interest in playing with the clay mouth. In the second session of mouth play he began to speak to the worker, at first behind her back. There were three months of weekly sessions with Martin before school closed. In the late spring Martin began talking with his teacher. On a visit with his mother to the new school in another school district which he was to attend in the fall, he talked freely with the principal.

For the child who desperately needs some basic infantile dependency gratification the technique of "playing baby" is often useful as is seen in the following case illustration of a third-grade girl.

Trudy went into a rather quick and close relationship with me and acted and played like a six-month-old baby or a year-old child most of the time. She liked to cuddle up against me and have me roll her all around the room on a cart. She wrote on the board "I love you" and later "I hate you." She would talk over the phone to anyone and she tried to control me by having me telephone her at home; this I refused to do.

Concurrently my weekly interviews with the mother helped her gain a better understanding of her own feelings of anger about returning to work when Trudy was three months old. The mother discovered that her own shyness in school was related to anger she never realized she had felt toward her mother who went to work when she was eight years old. Trudy's feelings of resentment began to emerge at home as the mother realized that her employment had seemed like desertion to Trudy. The mother had not understood before why Trudy had never expressed affection toward her, even as a baby. At my suggestion the mother brought out baby pictures, discussed how she felt at having to go to work and leave Trudy, and how she herself had felt when her mother went to work. Trudy, a quiet, lady-like, silent child, now became sassy, defiant, and demanding of affection at home.

During the summer the family moved and in the new school Trudy spoke freely with no evidence of any prior difficulty in communication. The mother reported that at home Trudy now made only normal demands for affection and appeared to have stabilized her behavior.

Speech is an ego function. When the time comes that the child uses sounds and words, significant ego growth has been achieved. The first sound may well be laughter, or a whisper, or a word repeated after the teacher or social worker. When this has been successfully ventured the child feels his strengthening capacity, and responds increasingly in class and on the playground. From this point the child can be expected to assume more initiative and responsibility in the play therapy sessions. For example, the child might be required to ask for what he wants. As he succeeds in this, the most difficult phase of treatment is over. Gradually the child learns to express his feelings appropriately, in ways acceptable for his age group. Resolution of the problem enables the child not only to speak but to take his rightful place as an individual free to learn, grow, and participate in the important experience of school.

BY LOUIS E. PINCHAK AND GLEN W. ROLLINS

A Social Adequacy Rating Scale: Preliminary Report

THIS SOCIAL ADEQUACY Rating Scale was developed to provide the Social Work Service with an instrument for measuring the adjustment of veterans who had been hospitalized for neuropsychiatric disorders at the Veterans Administration Hospital, Waco, Texas. Within social work, there has been a trend toward the development of more objective, systematic procedures for judging adaptive social behavior. For example, Hunt and others have developed a scale for measuring movement of clients in casework therapy.¹ Barrabee *et al.*, have succeeded in producing an extensive rating schedule dealing with many areas of social adjustment.² Ratings are made by a specially trained interviewer immediately upon conclusion of the interview. While the authors report no data on reliability, some evidence is presented of the value of the Barrabee schedule in the intensive study of coronary patients and normal controls in the Massachusetts General Hospital.

The plan for recent follow-up studies of former patients in the Waco Veterans Ad-

ministration Hospital created an urgent need for the development of a simple, rapid procedure for assessing the social adjustment of an individual. Any device, to be practical, must take into account the case material that is furnished by an experienced Veterans Administration field social worker who, at the same time, has no special training in the use of the instrument. The Social Adequacy Rating Scale was developed to meet this need. Veterans Administration hospitals regularly place patients on trial visit and request follow-up services and reports from the various VA regional offices in the United States. The reports received are adequate, on a case by case basis, for determining results of on-going treatment, need for changes in planning, and final disposition of cases in relation to discharge from the hospital.

DEVELOPMENT OF THE SCALE

As a first step in developing the scale, a sample of trial visit reports was examined to determine meaningful areas of adjustment about which information is usually given. Special efforts were made to focus

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¹ J. McV. Hunt and L. S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association of America, 1950); J. McV. Hunt, Margaret Blenkner, and L. S. Kogan, *Testing Results in Social Casework* (New York: Family Service Association of America, 1950).

² P. Barrabee, Edna Barrabee, and J. E. Finesinger, "A Normative Social Adjustment Scale," *American Journal of Psychiatry*, Vol. 112, No. 4 (October 1955), pp. 252-259.

upon behavioral observations typically made by an experienced caseworker so that the resulting scales could be applied routinely to case material received from Veterans Administration sources throughout the United States. Eight areas of adjustment were identified. These areas, or traits, were defined as follows:

Responsibility for use of money. The extent to which the individual is realistically responsible about his money, its source, and its use.

Personal appearance. The extent to which the individual has been able to maintain his personal appearance, e.g., dressing, shaving, oral hygiene, haircuts, grooming, in conformity with those of others in his environment.

Personal habits. The extent to which the individual has been able to maintain the standards of his immediate environment as to eating, sleeping, and bathing.

Vocational responsibility. The extent to which the individual has been able to maintain continuing responsibility for productive work.

Social group attendance. The extent to which the individual assumes responsibility for attending social, recreational, religious, and avocational activities.

Social group participation. The extent to which the individual is responsible for emotional interaction in a social group.

Responsibility for family and immediate associates. The extent to which the individual shows responsibility for the rights and well-being of members of family and immediate associates in his environment at home, at church, on the job, and so on.

Interpersonal relationships. The extent to which the individual maintains sustained relationships with others, on a person-to-person basis, demonstrating personal-emotional involvement.

For the purpose of rating, social adequacy, in a global sense, was defined as the individual's ability to show responsibility

in relation to himself and others. A five-step scale defining gradations of social adequacy was utilized with provision for an additional or "unknown" category whenever there is insufficient information for rating. Definitions given the rater for the five steps were:

1: Social Adequacy (*Regularly* shows reasonable responsibility and needs no supervision.)

2: Borderline Social Adequacy (*Shows frequent* responsibility with irregular exceptions and sometimes needs supervision.)

3: Intermediate Social Adequacy (*Shows some* responsibility, but still needs supervision.)

4: Minimum Social Adequacy (*Occasionally* shows responsibility and needs a great deal of supervision.)

5: Social Inadequacy (*Never* shows responsibility and needs almost total supervision.)

X: Unknown: No information on which to base a rating.

A three-step confidence scale was added to each trait so that the rater could indicate the degree of uncertainty he experienced in making his judgments:

1: I am very confident of this rating.

2: I am doubtful about this rating.

3: I have no confidence whatsoever in this rating.

The use of such a scale permits the rater to make a judgment even when he is uneasy about the available information.

The five-point social adequacy scale was applied, in specific behavioral terms, to each of the traits as defined above. The result was the Social Adequacy Rating Scale, consisting of eight individual trait scales, each followed by the three-step confidence scale. To facilitate scoring and analysis of the scale, a separate sheet is provided for the reporting of ratings. Summing across the eight trait scales yields a total score that can vary from 8 (highly adequate) to 40

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(highly inadequate). This arithmetic sum is called the Social Adequacy Index.³

ESTABLISHING RATER RELIABILITY

The scale was first used in a follow-up study of 35 patients who had been placed on trial visit following deep-coma insulin therapy. These patients had served as the population for an earlier study on the effectiveness of psychotherapy.⁴ The first three reports received were rated independently by five social workers on the hospital staff. There was no advance preparation of raters. The only instructions given were those serving as an introduction to the scale. Raters were requested to make note of questions occurring to them in connection with the need for making decisions on ratings. The ratings showed close inter-rater agreement for individual trait scales, as well as for the total score, or Social Adequacy Index. Questions that occurred to raters focused largely upon the definitions used for gradations on the trait scales and the making of judgments regarding ratings where information was inadequate. Revision was made in accordance with staff suggestions in a further effort to clarify definitions for gradations of adjustment in the trait scales.

Three months later, twelve social workers on the Social Work Service staff, Veterans

Administration Hospital, Waco, were asked to rate the behavior described in the first ten reports received. The three cases rated earlier were included. Re-rating of the three previously rated reports showed no significant differences when compared with the earlier ratings.

Product-moment correlation coefficients were computed among all 66 possible pairs of the 12 raters, separately for each of the eight areas of adjustment as well as for the over-all Social Adequacy Index. Inter-rater reliability coefficients were generally quite high, as indicated in Tables 1 and 2. Of course, the level of the coefficients is higher for the over-all Social Adequacy Index than for the individual components of the scale because more items have been taken into account.

TABLE 1. INTER-RATER RELIABILITY FOR EACH OF THE EIGHT AREAS OF SOCIAL ADJUSTMENT (12 Raters Judging 10 Cases)

Area	Average r	Range of r's
Responsibility for:		
Use of money	.87	.42-1.00
Personal appearance	.80	.53-1.00
Personal habits	.77	.50-1.00
Vocation	.82	.46-1.00
Social group attendance	.87	.65-.99
Social group participation	.80	.35-.98
Family and immediate associates	.90	.67-1.00
Interpersonal relationships	.83	.51-.99

³ Simple summation of the eight individual ratings to obtain the Social Adequacy Index is tantamount to giving each trait equal weight. While some kind of differential weighting system might have been adopted, there was no a priori basis on which to develop such weights. The generally high inter-correlations among the eight traits suggest that they are all measuring a fairly pervasive characteristic, social adequacy, which can be most simply represented by unitary weighting of the component scales. In a recent unpublished study, Louis J. Moran (see page 77) found that correlations between the eight trait scales and the over-all index ranged from .64 to .82 for 47 schizophrenic patients, suggesting that all the subscales are contributing appreciably to one major variable of social adequacy.

⁴ Philip Roos, *Psychotherapy as an Adjunct to Insulin-Coma Therapy in the Treatment of Schizophrenia*. Unpublished doctoral dissertation, University of Texas, 1955.

An examination of Table 1 shows that the average correlation for the individual areas ranged from .77 for ratings on "Responsibility for personal habits" to .90 for ratings on "Responsibility for family and immediate associates." In each case the level is satisfactory for most purposes.

Although nine complete matrices of inter-correlation were computed, only the matrix for the over-all index is presented here. In Table 2 it can be seen that, on the total score, the raters agreed with each other

TABLE 2. INTER-RATER RELIABILITY FOR THE SOCIAL ADEQUACY INDEX
(N = 10 cases)

Rater	O	P	Q	R	S	T	U	V	W	X	Y	Z
O	—	.90	.93	.89	.88	.93	.85	.95	.92	.91	.97	.94
P			.91	.84	.85	.87	.95	.85	.83	.89	.88	.83
Q				.92	.87	.94	.89	.85	.87	.88	.93	.91
R					.77	.88	.78	.94	.92	.97	.93	.98
S						.88	.89	.80	.83	.77	.87	.80
T							.95	.88	.86	.80	.97	.93
U								.77	.86	.85	.89	.82
V									.94	.95	.94	.96
W										.92	.98	.98
X											.94	.97
Y												.98
Z												—

to an unusually high degree. The mean coefficient of agreement for the 66 pairs of raters is .89. Thirteen of the rater pairs have correlations of .95 or above.

CASE ILLUSTRATIONS

The following two cases, in condensed versions, and ratings for each case illustrate the use of the scale.

Mr. T is a married veteran of peacetime service. He was 24 years old at the time of his hospitalization following a breakdown in service. Diagnosis was schizophrenic reaction, paranoid type. When the report of his adjustment was compiled 18 months after he left the hospital, he was living with his wife and two children in the rural Texas community in which he had spent much of his preservice life. The veteran, his wife, his mother, and a cousin were interviewed.

Mr. T's main source of income was from his VA compensation. He and his wife usually planned their spending together. They were buying a used car, having completed payments on a 95-acre tract of farm land which was purchased while Mr. T was in service. They planned to build on the property after they had enough in savings. Mr. T seemed to have a realistic concern about money and showed consideration for his wife and family in the way he budgeted. He was

neat and clean in person, in sharp contrast to his appearance during much of his hospitalization. He needed no reminders to take care of his personal needs. Mr. T and others interviewed stated that he had no difficulties around eating, sleeping, or bathing. From time of release on trial visit, Mr. T busied himself on part of his farm land. He had a garden consisting of three acres of corn and half an acre of peas. His crop was a failure because of lack of rain. Mr. T was fearful of looking for employment because he thought he might lose his compensation if he found a regular job.

Mr. T liked to be with people and was active in church and social activities. He rejoined the local community quartet with which he sang before service. When he first came home from the hospital, Mr. T thought that his friends and neighbors did not like him. He continued to have occasional feelings of irritation toward others but for the most part felt that the people he knew were friendly and not unusual in their attitudes. Mr. T and his wife and children got along well, with relatively little friction. Mrs. T apparently depended upon her husband to take the lead in social relationships. The veteran was considerate of his wife and children, concerned about their welfare, and apparently found gratification in meeting their needs, both emotional and tangible. Mr. T and his wife appeared to be supportive of each other.

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TABLE 3. SOCIAL ADEQUACY RATINGS FOR MR. T BY 12 INDEPENDENT RATERS

Area	Ratings by Independent Raters											
	O	P	Q	R	S	T	U	V	W	X	Y	Z
Responsibility for:												
Use of money	1	1	1	1	1	1	1	1	1	1	1	1
Personal appearance	1	1	1	1	1	1	1	1	1	1	1	1
Personal habits	1	1	1	1	1	1	1	1	1	1	1	1
Vocation	3	5	5	3	2	4	4	1	4	3	4	3
Social group attendance	1	1	1	2	1	2	1	1	1	1	1	1
Social group participation	1	1	1	1	1	2	1	2	1	1	1	2
Family and immediate associates	1	1	1	1	1	2	1	1	1	1	1	1
Interpersonal relationships	1	1	1	1	1	2	1	1	1	1	1	1
Social Adequacy Index	10	12	12	11	9	15	11	9	11	10	11	11

The children seemed to reciprocate the affection they received from their parents. Mr. T had renewed earlier friendships in his community and seemed to be relatively mature in relationships with others. He was neither seclusive nor overaggressive in his dealings with his family nor with the circle of people with whom he maintained from casual to close friendships.

Mr. T's Social Adequacy Index as given by the 12 raters ranged from 9 to 15. Both Rater T, who gave Mr. T a Social Adequacy Index of 15, and Rater V, who gave the expatient a Social Adequacy Index of 9, questioned their ratings. They indicated on the confidence scale that they were doubtful about their ratings in the vocational area. The largest single number of raters (five) gave Mr. T a Social Adequacy Index of 11.

Mr. L is a single veteran of peacetime service. Diagnosis was schizophrenic reaction, chronic undifferentiated type. He was 23 years old at the time a report on his activities was prepared, 18 months after termination of insulin-coma therapy and 17 months after his release from the hospital. Mr. L lives in San Antonio, Texas, with his parents, two brothers, and a sister. He refused to see the social worker in person but gave permission for her to interview members of the family.

When Mr. L left the hospital, he got a job as a shipping clerk on his own initiative. He seemed satisfied with his work and wanted further training so that he might advance. However, it was only a few weeks before he became suspicious of fellow employees. He quit the job after holding it for three months. He wanted to return to the hospital but his mother persuaded him to remain at home. After this, Mr. L was quarrelsome for a month and then began to isolate himself. Two months before the family was interviewed, Mr. L had gone through a two-week period of crying spells and frequent refusal to talk or eat. At the time of the report, Mr. L was again eating but having difficulty in sleeping. He slept with his clothing on, walking the floor several hours before retiring each night. Sometimes he cleaned up and shaved voluntarily. At other times he did not bathe, shave, or change his clothes unless his mother insisted. While working, Mr. L gave his mother his earnings and they decided together on how he would spend his money. Since leaving his job, Mr. L had had no income other than his compensation. He signed his check for his mother to cash and did not want to be involved in the details of handling his funds. The mother made payments on the clothing Mr. L bought. He asked for approximately \$3 per week for personal needs.

Mr. L had no social contacts outside the home. He did not belong to any organizations and refused to go to church with the rest of the family. He attended movies but went alone. He withdrew after greeting visitors to the home. His only attendance at group activities consisted of accompanying his family on picnics and outings. He did not enter into planning for these trips and was largely a passive participant in the outings. Except during the period when he was quarrelsome, Mr. L showed no overt aggressive hostility toward the family. He did not function as an emotionally contributing member of the household. The mother was sensitive to his moods and made other members of the family leave him alone when he was not feeling well. Mr. L was very dependent upon his mother, who welcomed and fostered the dependency. He was also dependent upon a brother, who acted as a substitute protector in the mother's absence. Mr. L was not close to his father or the other siblings.

Mr. L's Social Adequacy Index as scored by the 12 raters ranged from 29 to 36. The average of the independent ratings is 31.7.

RESULTS IN THE FOLLOW-UP STUDY

Social Adequacy ratings were made from field reports compiled 18 months after the patient returned home. Each of the 35 patients had been studied earlier by Roos in

an investigation of psychotherapy as an adjunct to insulin-coma therapy in the treatment of schizophrenia.⁵ One year after the follow-up ratings had been made, the hospital status of each patient was determined. Although the fact of being in or out of the hospital is only a crude criterion of actual social adequacy, it is of some interest to compare the Social Adequacy ratings with the hospital status one year later. The findings are presented in Table 5.

From Table 5, it can be seen that among the 18 patients with Social Adequacy Indices from 8 through 23, there were 15, or 83 percent, who remained out of the hospital 30 months after termination of insulin-coma therapy. The remaining three patients with low indices had been rehospitalized but had returned to their communities. Of the 17 patients with Social Adequacy Indices of 24 or above, only 2 patients were discharged without rehospitalization, while 15 patients, or approximately 88 percent, had been rehospitalized, and 7, or 41 percent, were still in the hospital 30 months after completion of insulin-coma therapy. The degree of relationship between ratings from case reports and eventual disposition of the case is sufficiently high to provide some evidence for the empirical validity of the Social Adequacy Index as a measure of

⁵ Roos, *op. cit.*

TABLE 4. SOCIAL ADEQUACY RATINGS FOR MR. L BY 12 INDEPENDENT RATERS

Area	Ratings by Independent Raters											
	O	P	Q	R	S	T	U	V	W	X	Y	Z
Responsibility for:												
Use of money	3	5	3	3	4	3	4	3	4	4	3	2
Personal appearance	3	4	4	4	4	4	4	3	3	3	3	3
Personal habits	4	4	4	4	3	5	4	4	3	4	3	4
Vocation	4	4	4	5	4	4	4	5	4	4	5	5
Social group attendance	5	5	4	5	5	5	5	3	4	5	5	3
Social group participation	4	5	4	5	5	5	4	5	4	5	5	4
Family and immediate associates	3	4	5	4	4	5	3	2	4	3	3	4
Interpersonal relationships	4	5	4	3	5	4	4	5	3	3	3	4
Social Adequacy Index	30	36	32	33	34	35	32	30	29	31	30	29

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TABLE 5. SOCIAL ADEQUACY INDEX AND HOSPITAL STATUS OF 35 PATIENTS IN DEEP-COMA
INSULIN FOLLOW-UP STUDY
(30 months after termination of therapy)

Social Adequacy Index	Number of Patients	Hospital Status			
		Discharged Without Rehospitalization	Discharged After Rehospitalization and Trial Visit	Rehospitalized After Trial Visit	On Trial Visit After Rehospitalization
8-15	11	10			1
16-23	7	5	2		
24-31	10	1	3	4	2
32-39	7	1	3	3	
Totals	35	17	8	7	3

a patient's social adjustment. When taken together with the high inter-rater agreement, the face validity of the eight areas represented in the subscales, and the fairly high intercorrelation of the eight measures, this predictive validity suggests that the Social Adequacy Index is a useful measure of social adjustment, easily obtained from standard case reports.

USE OF THE SOCIAL ADEQUACY RATING SCALE

The simplicity of the rating scale is such that it is easily understood and does not take long to apply. Rating time in the studies in which it has been used averaged twenty minutes per case. Since the scale quantifies social data, it is of value for research purposes. It provides an index of social adjustment at a given point of time. Growth or movement, or the lack of it, can be determined by comparing ratings at different time intervals in keeping with the particular research design.

Social workers are especially skilled in the type of interviewing required for the gathering of information needed in the use of the scale. As a rule, field and hospital social workers, at one time or another, collect data that apply to all the eight areas of adjustment. Information needed can be obtained from patients and relatives during the course of interviews and submitted in

trial visit reports or special reports requested for research purposes. To insure case reporting in each of the eight categories of adaptive behavior, an outline of suggestions for gathering data was devised and sent to the Social Work Service in various VA regional offices from which reports were requested.

An adaptation of the Social Adequacy Rating Scale was developed by the senior author for rating the social adjustment of the hospitalized patient. This scale was used in a follow-up study of the social adjustment of 47 patients available for rating out of 55 patients who comprised the population of a study made in 1952, "Vocabulary Knowledge and Usage Among Normal and Schizophrenic Subjects," by Louis J. Moran, Ph.D.⁶ Since 35 of these patients remained hospitalized at the time of the follow-up study, a hospital scale was needed. This scale utilizes the eight areas identified for community adjustment. The definitions were modified in terms of social adjustment within the hospital environment. A special procedure was evolved for gathering data on hospitalized patients. Ward "informant teams" were formed and the data gathered were entered on standardized work sheets, for rating purposes. The teams consisted

⁶ *Psychological Monographs, General and Applied*, Vol. 67, No. 20, Whole No. 370.

of nurse supervisor, head nurse, nursing assistant, occupational, corrective, and recreational therapists. Manual arts, educational, and music therapists were interviewed separately because of conflict of work hours.

Ratings can be made independently by three or more workers, with the numerical average of their Social Adequacy Indices serving as the final rating. Another method of rating, but one not yet used with this scale, is the team procedure, wherein a panel of raters arrives at a single rating. If a highly experienced social worker familiar with the scale is available to make the ratings, the single rater may be sufficient for most purposes.

Admittedly the scale's definitions of gradations of behavior do not take account of

the many possible nuances of human behavior. It is questionable, however, whether finer gradations are sufficiently observable to justify inclusion in a simple scale intended for widespread use. It is recognized, too, that the traits or areas of behavior comprising the scale do not cover all the facets of behavior, but they do include some of the major areas that have a bearing on whether or not an individual makes an acceptable social adjustment.⁷

⁷ The separate scales for adjustment in the community and in the hospital have been deposited with the American Documentation Institute. Order Document No. 6148 from the ADI Auxiliary Publication Project, Photoduplication Service, Library of Congress, Washington 25, D. C., remitting in advance \$1.25 for photoprints or \$1.25 for 35-mm. microfilm. Make checks or money orders payable to Chief, Photoduplication Service, Library of Congress.

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BY SAMUEL MENCHER

Evaluating Productivity in Social Casework

THE COST OF casework service has become of increasing interest and concern in recent years. Cost analysis studies, such as Hill and Ormsby's,¹ and the efforts of agencies to develop a realistic relationship between fees and the cost of service, have resulted in a sensitivity to cost which for various reasons was not present in the past. However, awareness of cost provides no more than a stimulus to study and action. Cost figures in themselves do not tell us whether we are investing too much or too little in a total service or any of its components. For example, how much is casework service worth? Is the cost of the casework interview too high? Does recording absorb too much of the casework dollar? No absolute answers can be found from merely examining cost figures. The community, the board of an agency, or the consumer of service may decide that casework or any specific aspect of it is not worth the cost involved, but this is a value judgment rather than a scientifically determined one and is generally based on relative selection among a variety of diverse and rarely comparable choices.

The question for the casework agency, however, is not so much whether casework service costs too much, as whether the same or equal service cannot be provided at lower cost. For the casework agency the cost of

casework is excessive if an equal service of similar quality can be given with a smaller investment of resources. If the same service can be provided at lower cost, then the present cost is too high. Essentially this reduces itself to a problem of productivity, and the goal for the casework agency, as for any other producer, is to increase its "output" relative to the amount of "input" invested. Thus we increase our productivity by decreasing the input necessary for a corresponding amount of output.

Output, however, is not a simple factor; it combines both volume and quality of service. Thus we might also consider productivity improved if we were able to achieve substantial gains in the volume of service by slight reductions in the quality and vice versa (assuming, of course, that input remained constant). For example, we might be willing to provide a service relatively 80 percent as effective in quality if we could serve twice as many clients with the same amount of input. This is obviously a more complicated situation, because it demands the weighing of quantity against quality and cannot be solved by the simple commercial measure of the relative profit to be gained from alternative choices. However, it illustrates the fact that productivity depends on the relation of input to both amount and quality of service rendered. In every instance where productivity is involved, we are making quality/quantity judgments whether consciously or not. As-

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¹ John G. Hill and Ralph Ormsby, *Cost Analysis Method for Casework Agencies* (Philadelphia, Pa.: Family Service of Philadelphia, 1953).

suming a fixed input and rate of production, a decision on either quality or quantity necessarily affects the other. Do we not often say, in the practice of casework, how much better we could serve our clients if we were not always under pressure? The converse is also true—how many more clients might we serve if we were not so exacting and rigorous in our concept of service?

STANDARDS FOR MEASURING PRODUCTIVITY

While productivity eventually resolves itself in terms of cost, cost figures are too gross a measure to be useful in analyzing productivity. Cost is frequently influenced by a variety of elements unrelated to the productive system or service under consideration. Inflationary or deflationary trends in the over-all economy may influence the cost of a service without relation to productivity. Local factors or changes in the cost of specific elements of the service may affect the total cost so that comparisons at different times within the same agency, or among agencies at the same time, do not permit conclusions as to relative efficiency. A more useful standard in gauging efficiency—and, in turn, reducing cost—is to define productivity as "the ratio between production . . . measured by volume, and one or more of the corresponding input factors, also measured by volume."² The factor of input emphasized in most studies of productivity has been labor, or "the ratio between production and the human labour output measured in hours of work."³ This factor is particularly applicable in a professional service, such as casework, where by far the major cost is incurred by the salaries of professional staff. The worker's time as the measure of input has the additional ad-

vantage of being the factor most readily responsive to changes in other factors in the organization of service.⁴ Emphasis on the productivity of the caseworker is also especially significant in casework agencies where professional staff represents a scarce skill and where, aside from cost, it is desirable to increase the professional contribution.

The development of productivity measures has several values for the casework agency:

1. The agency may project the volume of services it can offer from the resources available, or if the volume of services required is known, the agency can plan the resources necessary for meeting this need.
2. The agency is provided with a standard by which it can examine its own level of productivity over time as well as compare this level with that of other agencies offering a similar service. In both instances agencies can consider the factors that have impeded or encouraged higher levels of productivity.
3. While productivity measures are not standards for caseworkers' performance or agency operations, they provide the means by which agencies may establish productivity standards for staff and consequently for total agency operation. Similarly they permit the agency and the worker to judge the extent to which they have met these standards.

The relative ease in industry of measuring productivity in terms of labor expended does not, however, hold true for many types of services, including social work. The major difficulty in social work, and particularly casework, is the establishment of appropriate output measures for the input

² *Measurement of Productivity: Methods Used by the Bureau of Labour Statistics in the USA* (Paris: Organization for European Economic Co-operation, 1952), p. 15.

³ *Ibid.*

⁴ The report cited above states: "Experience shows that most improvements in productivity are due, not to greater effort, but to a better use of this effort and to other factors in production. Human effort is always limited in itself, but the influence of the organization of work, the quality of materials, the type of product manufactured, the capital invested, management efficiency, etc., is a deciding factor in the level of productivity." (*Ibid.*, p. 17.)

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of casework time. Several factors complicate the situation: (1) the distribution of the effort of casework agencies and their staffs among several types of functions; (2) the lack of precise units of output; and (3) the absence of standards which distinguish between levels of quality in output units.

Since casework agencies usually perform more than one type of function, the productivity of the worker and the agency must first be distributed among these functions before productivity in any one of these functions may be measured. Although functions such as research, community planning, professional development, and family life education may along with direct casework service support a unified agency goal, a valid measure of the caseworker's productivity in his casework function cannot be obtained until all functions are clearly delineated and the time spent in direct service clearly defined. At the same time, these other functions may be viewed as factors influencing the level of casework productivity.

UNITS OF SERVICE AND QUALITY STANDARDS

The presence of objective and distinguishable measures of output is fundamental to productivity analysis. A desirable unit of output is one that is clearly recognizable, has a well-defined start and finish, and is relatively homogeneous. The unit should be a purposeful and complete element of service rather than merely an activity or motion involved in the performance of service generally. Since the value of the unit is to measure the amount of time required for the production of a specific service, time spent in a task merely related to that service is not a valid measure of the time required for accomplishing the service itself.

On the basis of these criteria the two most obvious units of output in casework—the case and the interview count—have

serious shortcomings. The great variation in the complexity and amount of work involved does not support the case being used as a comparable unit of productivity. The interview, on the other hand, is an activity rather than a unit of productivity. The number of interviews held tells us little about the productivity of a worker or an agency unless we assume that service is directly related to the number of interviews and that all interviews are of equal value no matter what the nature of the service. The use of purposeful units avoids both (1) confusing an activity count with a measure of output and (2) denying the significance of all the activities in the casework service by identifying casework with only one of its elements. As an illustration of productivity units, Perkins has suggested the determination of eligibility in public assistance,⁵ while Schwartz has developed a series of units in child placement from intake request to post-adoption supervision.⁶

While it is probably more difficult to achieve measurable units in other types of service, such as family casework, the value of defining productivity in real units of output makes any effort in this direction worthwhile. Since the goal of the agency is to have some measure of what it is doing, this can only be accomplished in terms of service provided. Expressing productivity in units of service has the advantage of focusing on the purpose of the casework contact. In effect, the agency is not offering undifferentiated casework, but casework with specific objectives. The division of the casework process into study, diagnosis, and treatment provides a beginning framework. The treatment aspect itself may be further broken down into types of service projected. The short-term case, prevalent in the case loads of family agencies, is particularly

⁵ Ellen J. Perkins, "Quality-Quantity Measurement of the Public Assistance Visitor's Job," *Social Security Bulletin*, Vol. 17, No. 11 (November 1954), p. 6.

⁶ Edward E. Schwartz, "Developing Work Units in a Child-placing Agency," *Social Security Bulletin*, Vol. 18, No. 3 (March 1955), p. 14.

adapted for productivity analysis, since the amount of professional time involved may be easily measured and the kind of service given clearly distinguished.

We have seen that output is related to both volume and quality of service. If productivity is to be measured, the quality as well as the number of units completed must be considered. Here, as in the defining of productivity units, standards must be established which may be objectively applied in distinguishing levels of quality of service. The development of quality standards depends, however, on the clarification of service units, since quality can only be assessed in terms of the end or product desired. For this reason Perkins emphasizes that units should be based on "the purpose of a worker's activity itself . . . so that activities in carrying out a job unit can be quality-tested in relation to the purposes implicit in that unit."⁷ Thus, the value of an interview, a summary, or a recording only becomes clear as it is related to the objective of the unit of service of which it is a part. The delineation of quality standards makes possible the comparison of the volume of output by workers and agencies. Quality standards also make possible the examination of the relationship of quality and quantity in productivity.

TIME STUDY

Essential to any scientific study of productivity are: distinguishing the major functions of the casework agency, dividing these functions into units whose quality and quantity may be determined, and relating these units to the volume of professional time invested. The inherent difficulties in casework of isolating realistic units of service and establishing qualitative criteria should not discourage at least tentative and exploratory efforts in this direction. Out of beginning steps which may encompass only limited aspects of the casework job, more refined instruments for measuring pro-

ductivity may eventually be developed. Meanwhile the lack of precise instruments need not prevent casework agencies from making improvements in productivity on the basis of current knowledge of factors affecting it and of data available from agency practice.

The first step in productivity analysis—the delineation of the major types of service or function of the agency and an analysis of the amount of professional time given to them—will in itself be extremely helpful to an agency examining its over-all program. Knowledge of the proportion of workers' time consumed among its various functions permits the agency to compare its own policy expectations with actual operations. While a time study revealing the volume of professional time absorbed in particular functions is not a measure of productivity, it does indicate how the agency is deploying its resources. If, for example, an agency places low priority on community education and high emphasis on direct work with clients, it would be useful to know the proportion of total time spent by its workers in each of these functions.

In addition to apprising the agency of the distribution of professional effort, a time study provides another important clue to productivity: the organization of the workday. While it may not be possible to routinize or standardize the professional workday as in a factory system, there are patterns of work even in professional service which tend to increase or decrease productivity. For example, is the day so organized that there are frequent shifts from task to task with consequent loss of energy in reorientation to each new task? Are blocks of time set aside for certain tasks, such as attending committees or conferences, which—though convenient for administrative personnel or consultants—tend to conflict with the planning of the worker's day? Do certain tasks as presently structured involve loss of time for several workers and require elaborate arrangements causing the general interruption of work flow? If many

⁷ Perkins, *op. cit.*, p. 6.

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procedures that are commonly accepted practice in casework agencies were examined from the point of view of productivity loss, agencies might be tempted to experiment with other approaches.

The problem is not alone of finding alternative procedures that guarantee equal quality with increased volume of productivity, but also of exploring methods that compensate for reduced quality by expansion of the available services. Casework agencies, although rarely in a position to measure the effectiveness of services, are frequently perfectionist in their expectations. They seek Rolls Royce performance where low-priced car economy is the best buy in many situations.

A time study of the worker's day may thus show some of the elements that hinder maximum productivity. A comparison of the work patterns of workers who are considered to meet the agency's productivity expectations with those who do not may be useful in distinguishing optimum patterns of work. Such a study may also help in clarifying, on an *ad hoc* or operational basis, standards for activity performance where productivity units have not been developed. If productive casework is defined as casework performed by workers who most nearly satisfy the agency's quality/quantity expectations, then an examination of their performance may result in identifying the appropriate combination of activities entering into productive casework. While there is no rationale for arbitrarily deciding how much time should be spent in recording, interviewing, or any other task, a study of the amount of time given these tasks by selected workers should indicate roughly their proportional significance in the total casework job. In developing productivity standards from workers' task performance, we are not identifying productivity with any particular activity, but with the relative

weighting of all activities as integrated in total performance.

COMPETENCE OF WORKERS

It is important for the agency to be aware that it is making important productivity decisions in the selection of workers whose performance will be used in standard-setting. The use of workers the quality or quantity of whose performance is either too high or too low will have serious consequences for productivity. As Perkins has said, "The worker who does more work than the quantity standard prescribes but whose work is substandard in quality cannot be said to be performing acceptably. Similarly, the worker who does above-standard work in quality but falls below standard in quantity is not performing acceptably."⁸

It may be necessary for the agency to develop several productivity standards in relation to the levels of competence of its workers. A differentiated system of standards reflects differences both in capacity and in the kinds of responsibility and ways of performing expected by the agency. The relative weight given to such activities as recording or supervision usually varies at different levels of performance and thus results in different productivity expectations.

While such methods for evaluating productivity may be useful, they are not substitutes for the establishment of clearly defined productivity units whose quantity and quality may be readily assessed. This latter type of productivity measure has widespread implications for agency administration and forms a foundation for (1) agency policy-making, (2) sound budgeting practices, (3) evaluation of agency efficiency, (4) examination of administrative and professional practices, and (5) the development of realistic and clear standards for professional performance.

⁸ *Ibid.*, p. 8.

BY MYRON W. GOLDMAN

Radio: A Medium for the Presentation of Social Work

ONE OF THE most urgent tasks facing social workers today is communication with the public, but if we are to be heard, we must amplify the soft professional voice. We have ignored too many opportunities for vigorous explanation; we have been too silent about social needs; we are least understood by those who need us most. The public is ready to listen and is mature enough to understand what social workers do.

This paper describes a recent attempt to present social work concepts to the public through the medium of radio. Although television has made huge inroads, radio still attracts a large audience and holds an important place in the field of mass communications. As far as this author knows, the appearance of professional caseworkers on this particular type of radio program has not been done before, although other efforts to utilize radio as a public relations medium have been tried with varying degrees of success.

Over the years, soap operas have been one of the standbys of radio programming. They have reached a vast audience and sold a lot of soap. Whether social workers find them palatable is less important than the fact that their success is based on the listener's identification of his own life's problems with those of his neighbor. Mr. An-

thony's program also achieved great popularity—his name became a household word—with choice network time for many years. The "kindly adviser" gave direct advice to anonymous individuals suffering from personal distress, and was viewed as an erudite and sympathetic person—an "expert"—who gave advice. Current successors to Mr. Anthony are the various newspaper columnists who advise individuals seeking help.

Professional social workers do not need to be lectured about the negative aspects of "experts" giving advice without sufficient knowledge to establish a sound diagnosis of the problem, nor the unfortunate tendencies of some advice-givers to ridicule and humiliate the people who write in. But they should be lectured about their tendency to sit contentedly on the sidelines, bemoaning the harm done by unqualified advice-givers. The plain fact is that the public shows great need and readiness for more understanding and interpretation of human behavior. Against this background, the experience described below should be viewed as one effort to turn this readiness to good use—to increase the public's understanding of why people act the way they do; to interpret the work of social agencies and their staffs; and to describe the professional resources available to the public.

AN EXPERIMENTAL PROGRAM

In mid-1957, Radio Station KYW, Cleveland outlet of the Westinghouse Broadcasting Company, initiated a program departing from the established format of disc jockey shows during the key broadcasting

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hours of 8-10 P.M. They hoped the public might welcome a change from the monotonous playing of popular music. Two talented young men, Announcer Bud Wendell and Producer Gil Faggen, were assigned to create and present fourteen hours of programming each week. From its inception the program highlighted interviews and features emphasizing public service. Controversial subjects were discussed and listener appeal soared. Station personnel referred to the program as "a new adventure in night-time radio." The program's chief announcer described it as "palatable public service." This meant presenting public service programs in a way that would be interesting and entertaining enough to attract the listener during key broadcasting hours.

Originally the producers expected their public to be composed almost entirely of adults. They were surprised and gratified to find a large audience of teen-agers. Early in 1958 radio personnel began planning a program that would appeal to teen-agers and their parents. The station looked for someone to answer telephone questions over the air on teen-age problems. As a caseworker involved in work with adolescents in the community, the author was invited to discuss the possibility of participating. The radio men wanted to proceed immediately with the program because they were convinced it would be popular and in the public interest. They felt that a professional caseworker with considerable experience in counseling with adolescents should be qualified to handle the demands of the program, and wanted the agency identified because it would give the program more stature. It is to their credit that they were concerned about proper qualifications for the job. They accepted a suggestion that a team of two caseworkers handle it.

Another experienced worker at the agency was invited to participate. The two workers had many doubts at first as to the advisability of venturing into radio. We did not know whether we possessed the skills and

poise necessary to respond appropriately before a microphone. Our greatest concern was the delicate problem posed by the desire of the radio audience to be given immediate direct advice, which seemed to conflict with the traditional concept of casework treatment based on careful diagnostic study. Most questions, we thought, could be answered with a general interpretation of adolescent behavior, thus avoiding the pitfalls of direct advice. We hoped our professional colleagues would withhold judgment until they had an opportunity to hear the program and determine whether the questions could be handled without violating professional ethics. Informal conferences with co-workers and professional colleagues enabled us to sample opinion about the program; many were reassured by our statement that we did not plan to attempt casework by radio. Thus with encouragement from our professional group and approval of the agency director we went ahead on a trial basis.

From May 1958 until September 1959, when it went off the air, the program appeared weekly during the choice radio time of Thursday evening from 8-8:30 P.M. Teen-agers and their parents were invited to telephone questions about adolescent problems. The announcer answered incoming calls, repeated the information received from the anonymous callers, and directed the questions to us for reply. At several points during the program he identified us as professional social workers affiliated with Youth Service. There were also frequent references to the agency's affiliation with the United Appeal.

The telephone company reported that approximately 500 calls to the studio were placed during each program, although we had time to handle only about a dozen. Rating services estimated that the audience averaged between 35,000 to 50,000 persons, consistently larger than the seven other Cleveland stations broadcasting at the same time.

The character of the program is best

illustrated by a description of the broadcast experience.

QUESTION 1: DATING

The announcer answered the call. The question was from a 16-year-old girl who said that her mother would not let her go out with a boy unless she knew the boy's history. The girl said she knew a "real nice boy" but her mother claimed she didn't know enough about him. What could the girl do?

We pointed out that this sounded like a problem in communication between mother and daughter. We spoke at some length about adolescents' normal interest in dating as well as the need for parental responsibility for setting limits and showing interest in their children's relationships. We suggested to the girl that she try to discuss this problem more directly with her mother to improve communication and understanding between them. We thought it advisable for her to choose a time for talking with her mother when the feeling between them was good and there was least chance for conflict. This difficulty in achieving understanding was a problem inherent in parent-child relationships. We suggested to parents that they make it possible and agreeable for their adolescents to bring friends to the home, so that the children would have the security of their parents' knowledge about their friendships. The girl and her mother were advised to seek professional help if the problem was too severe to be solved without outside assistance.

Professional view. In answering this one question we were able to discuss a number of important concepts worthy of dissemination to the public.

1. The normality of heterosexual interest for adolescents;
2. The adolescent's need for parental control in regard to dating;
3. The value and importance of good communication between parent and child;
4. The availability of professional resources if needed.

QUESTION 2: SCHOOLWORK

The question came from a mother of two adolescent boys. The 15-year-old had always done poorly in school, despite good intelligence, while the 13-year-old had always done well. The older boy resented the parents' pressure for better grades. The mother wanted to know what she and her husband could do to help the boy improve his schoolwork.

We began our answer by pointing out that it is not possible to give a satisfactory explanation of a problem like this with such scanty information. We mentioned that we frequently dealt with similar problems at our agency, and this usually required some intensive study of the problem and close work with boy and parents. The fact was mentioned that this type of problem is often a symptom of problems in other areas which may have nothing to do with school. We were sympathetic toward the parents in their concern, but also pointed out the emotional pain and unhappiness this "failure" must have brought to the boy. We suggested professional help and spent some time in describing the sympathetic, objective, understanding approach which individuals could expect if they apply at a professional agency. Appropriate community agencies were named.

Professional view. In answering this question, which probably required professional help for solution, we covered the following major points:

1. Complicated problems of human behavior have no simple answer;
2. Symptomatic behavior often indicates a problem in other areas of adjustment;
3. Emotional problems are painful and need sympathetic and understanding handling;
4. Interpretation of social work as a problem-solving profession.

QUESTION 3: PARENT-CHILD RELATIONSHIPS

This question came from a 13-year-old girl who complained that she was frequently ex-

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pected to abandon her plans in order to baby-sit for her 6-year-old sister while her parents went out. Her parents had no respect for her plans and refused to consider her complaint. What could she do about it?

We agreed that it seemed as if the parents were not showing much respect for their daughter's rights or feelings as an individual, and went on to talk in general about the need for each of us to respect the rights and feelings of all individuals—that this begins in the family group. The girl was encouraged to continue her efforts to discuss the problem with her parents in the hope that they would eventually accept her feelings and possibly relieve her of some of the responsibility. We added that we actually had no way of knowing what the real situation was—it might be that the parents' demands on the daughter were not excessive. However, since she felt so strongly about it, we thought it would be helpful to discuss it further with them. We concluded with the comment that final authority rested with parents—even though they are human and sometimes act unfairly—and it is good that they have authority.

Professional view. In this answer, we

1. Highlighted the importance of recognizing and accepting feelings;
2. Encouraged the presentation of feelings in direct communication between parents and children;
3. Supported the authority of parents.

QUESTION 4: DOING THE "PROPER" THING

This question came from a 15-year-old girl. Her Latin teacher was getting married and the girls in her class liked her so much that they gave the teacher a shower and a gift of an electric frying pan. The girls had been invited to the wedding and planned to attend but could not afford an additional wedding gift. Was it proper to attend the wedding and not give an additional gift?

We answered directly without much interpretation, applauding the positive relationship between teacher and students and

noting that the existence of a healthy relationship transcended any traditional rules of etiquette on the subject of wedding gifts. We suggested that the presence of the girls at the wedding was the finest honor they could bestow upon the teacher.

Professional view. We received many questions of this type, since adolescents are very concerned at times about doing the proper thing. Even in answering some of these more simple questions we found good opportunities to present a professional point of view. In this example we

1. Highlighted the importance of good relationships between teacher and students;
2. Gave reassurance and support to the adolescent around a social situation.

Another example of this type of question was the one raised by a 15-year-old girl who wanted to know if it was all right to date a boy who was shorter than she was.

We drew upon our professional knowledge to discuss the strong feeling about conformity that might account for the girl's concern in dating this boy. Her friends might criticize her. We emphasized that the kind of person one is, rather than one's size, and other similar values were important factors for the girl to consider before deciding to terminate the relationship because of physical appearance.

Professional view. In this answer we

1. Gave some interpretation about the adolescent need for conformity with peers;
2. Emphasized again the importance of good relationship and positive feelings;
3. Gave reassurance and support to the adolescent with regard to a social situation.

QUESTION 5: PEER RELATIONSHIPS

This question came from a mother who did not approve of the girl friends of her 15-year-old daughter. She described them as "wild and disrespectful" and said she could not convince her daughter that these girls were not good for her. What could the mother do?

We observed that ordinarily an adolescent uses his friendships in a positive and whole-

some way. We went on to comment on the normal situation where the adolescent has wholesome relationships and needs to know that the parents will go along with him, welcoming his friends in an easy, uncritical fashion as best they can. Sometimes, we added, the adolescent will form a temporary relationship with a friend whom the parent considers unsuitable, because the youngster needs this to work out his own feelings. We described the vacillation in friendships in early teens. Sometimes the parent needs to stand by without strong criticism of these "temporary" friendships, so that criticism will not force the adolescent to resist the parent and continue the friendship longer than he might have done otherwise. When friends are actually antisocial or "wild," this can be a serious problem. The parent can insist on firm controls, but these are likely to drive the relationship underground. We recommended professional help for this mother to determine the gravity of the problem and to help herself and her daughter gain understanding of it.

Professional view. While suggesting a referral for professional help, we tried to impart the following:

1. A description of some of the normal development in adolescent peer relationships;
2. A recognition that peer relationships are sometimes used in struggles with parents;
3. The value of obtaining professional help to evaluate personal problems.

QUESTION 6: LIMITS

This question came from a 13-year-old boy who wanted to know our stand in the current controversy in Ohio regarding the licensing of 14-year-olds to drive motor bikes.

We accepted the fact that most boys had a desire to ride motor bikes. We knew from our experience in working with teen-agers that feelings about things they like and want get quite intense sometimes. We also believed it was important for parents and other responsible adults to help adolescent

boys and girls control their feelings. Although we knew some boys of 14 or 15 mature enough to handle the responsibility of driving a motor bike, we vigorously agreed with law officials, school teachers, and other groups who were sufficiently concerned about the safety of boys and girls to try to protect them by urging repeal of the state law permitting them to be licensed so young. Although adults do not always set the best example for teen-agers, we viewed repeal of this law as a good thing for boys and girls.

Professional view. We identified with that part of adult society which helps the adolescent maintain reasonable controls.

The answer to this question is self-explanatory, but it is important to emphasize that we increase our stature as a professional group when we speak out unequivocally on important community issues. At best it is difficult to translate concepts of human behavior into simple terms suitable for public education. However, responsibility for participation and leadership in social action are basic to our membership in the profession of social work.

EVALUATION OF THE PROGRAM

This is a small but representative sample of the questions which came to the program and the answers we gave. Questions from the listeners opened the door to discussion of boy-girl relationships, illegitimate pregnancy, parental discipline, homosexuality, learning problems, peer relationships, and religious and cultural differences. There have been others; the variety of subjects seems inexhaustible. We attempted to use the questions from the audience to lead into general interpretation of adolescent behavior, trying to avoid giving simple answers to complicated problems. Probably some questioners were disappointed when we did not respond with direct advice. We constantly stressed the importance of competent professional help for serious problems. As the examples given demonstrate, we gave direct advice when we felt it was appro-

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priate, helpful, and consistent with professional ethics.

In order to retain audience interest in the program it was important to limit discussion so that we could cover 10 to 15 questions during the half-hour broadcast. Fortunately some questions can be answered simply without lengthy interpretation. We shortened the discussion of a subject when it was repeated during the same program. For example, we might spend considerable time describing professional agency resources to a mother concerned about her son's stealing problem. Later in the program we might also suggest a referral for professional help for a runaway problem, but would not give as much time to describing application procedure and probably would not repeat agency names. One may argue that it is professionally sounder to devote an entire program to a thorough and exhaustive discussion of one question, so that all phases of the subject can be covered. Since this program could continue only as long as it had commercial value, we shared the conviction of the radio personnel that live, telephoned questions with spontaneous responses from the "experts" appeal to the audience. The necessity for immediate responses did place an emotional burden on us. There were times in our postprogram discussions when we wished we could go back and change our answers. Fortunately the two caseworkers worked easily together and could complement each other's responses. This essential teamwork came about as the result of many years of professional association and a mutual respect for each other's knowledge and ability. The task of interpretation and education required us to sharpen our skills in expressing the concepts of our field of human relations in simple, direct language.

The program continued for sixteen consecutive months and maintained a high audience rating.¹ One suburban school sys-

tem tape-recorded the broadcasts for use in social studies classes. Since our own agency had a waiting list, we made no request on the air for applications; nevertheless, there were direct applications for service from individuals who first learned about our agency in this way. Moreover, we assume that interpretations we made about professional agency service resulted in some applications at other agencies. There were some requests for speaking engagements and many letters. We were especially pleased that the program stimulated several young people to seek information from us on careers in professional social work.

While the positive response of the general community was gratifying, we were interested in evaluations of the program by our professional colleagues. Their comments were predominantly favorable. A few expressed concern that the program might create a distorted image of the professional caseworker in the public mind and that we were altering the image which the profession has attempted to transmit. We suspect that the professional image referred to is that recently described by Wiltse: "The folklore of the profession still contains the idealized image of a social worker conducting weekly scheduled interviews, in the sanctity of the social worker's office, focused upon the conflicted feelings of individual clients who have come voluntarily to seek this kind of help."²

We must agree that this image is a fantasy existing only in the minds of some professional social workers. This is not to disparage the type of individual counseling practiced in our full-time jobs. However, there are a variety of ways in which a social worker can make a significant contribution to his profession and his community. A professional social worker should have enough confidence in his knowledge to express his opinions in the community with clarity and vigor. It may be true that some of our lis-

¹ It was discontinued only when the entire format of evening radio programming was changed by the station.

² Kermit T. Wiltse, "The 'Hopeless' Family," *Social Work*, Vol. 3, No. 4 (October 1958), p. 22.

teners carried away the idea that social workers in an agency give advice to people with problems, but we did attempt to make the audience aware that service at our agencies involved slow and careful procedure, with the client's planning based on his thorough understanding of the problem. Our colleagues think an important general impression is that we responded with warmth and intelligence to the questioners and their problems. They believe that these qualities encourage the public to regard social workers as persons who would—with understanding, acceptance, and patience—assist people in finding solutions to personal problems. They felt that our general approach also helped the audience to gain more understanding of themselves and of the individuals around them, and that the benefits which accrue from proper participation in this type of program must outweigh any negative features. Certainly we should not withhold from the public the fact that social workers are vitally concerned with the welfare of people, nor should we hide the contributions we can make.

CONCLUSION

We believe that our appearance on the radio program successfully demonstrated the effectiveness of using questions about teen-age problems to interpret professional concepts and convictions to the public. Available tests of audience size and response indicated enthusiastic acceptance. We could not accurately gauge our success in helping the public to accept and implement our ideas, but had encouraging evidence in the form of letters, applications for case-work service, and requests for information about professional education for social work. We feel that we made a worth-while contribution and were successful if our participation helped the public to see social workers as warm, sympathetic human beings

who are firmly committed to the welfare of the individual.

Obviously, it is not reasonable to expect all caseworkers to have skill in this type of public relations. The professional has ventured so little into this area, however, that there is probably much greater potential in our midst than we recognize. Our devotion to the task of improving quality of service to clients is commendable, but this should not blind us to the need for improving communication with the public.

We do not advocate turning radio and other media of mass communication into a forum for social work to educate the public. There are good reasons why part of our public relations programs should be directed to specific groups rather than to the entire public. The type of program described here is only one approach to the problem. We hope that this experience with an unorthodox technique will stimulate social workers to take a new look at the public relations programs of their agencies. It is unfortunate that we have turned away from mass communication media to a great extent because others have misused them in the past.

We believe this experiment was successful. Radio was used as a vehicle to interpret and promote important concepts in casework practice; there is evidence that the public was helped to a better understanding of adolescent behavior. Through our willingness to come out from behind our desks and speak openly and clearly about the principles we believe in, we are convinced that we gave the audience a more positive picture of the profession.

We cannot do casework on radio, television, or in the newspapers; but we can use these media to teach, to illuminate, to inspire. We have much to contribute in the battle to be fought against ignorance, intolerance, and indifference. It is time to use all the means at our disposal.

BY WILLIAM SCHWARTZ

Characteristics of the Group Experience in Resident Camping

WHEN LOUIS H. BLUMENTHAL, writing in the middle thirties, stated that "the essence of camping is its group life"¹ he was calling attention to one of the significant discoveries that changed the face of organized camping during the intense self-examination of that decade. The prolific literary output of the period—ushered in by the publication of *Camping and Character* (1929)² and *Creative Camping* (1931)³—was created by a kind of interlocking intellectual leadership, demonstrating the close identification of three budding movements: organized camping, progressive education, and social group work. In this "wedding of education and recreation in the great out-of-doors," an essential unifying theme was the significance of peer group experience in child development, and the realization that the resident camp setting was an ideal model for studying and demonstrating the effects of this experience.

In time, other members of the human relations professions—social psychologists, social caseworkers, psychiatrists, and more—came to find camping a fertile field for study and service, and their advent heightened the interest and attention focused on the ways in which children live, work, and play together in the resident camp situation. In the process, considerable information was gathered about the effects of group interaction on children's attitudes and behavior

and these learnings served further to modify the camping tradition and to add new dimensions to its original conceptions of purpose, structure, and program.

Over the years, these insights have been built into the structure of resident camping in various ways: in the increased emphasis on cabin-group planning and activity, in the decline of highly organized competitiveness, in the decentralization of unit activity, in the efforts to group campers in accordance with certain grouping criteria, and so on.

As these implementing attempts continue, however, they are hampered by the fact that much of what has been learned about the nature of group experience is still taught and applied in general terms. A great deal remains to be done in relating abstract conceptions of group life to the unique problems and circumstances of the camp setting. What are the special factors inherent in the resident camp situation which fashion the child's reactions and relationships and create a very particular kind of group experience? The ability to understand this uniqueness in specific terms will determine the extent to which camp personnel can translate a general awareness into concrete measures through which to

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¹ *Group Work in Camping* (New York: Association Press, 1937), p. 14.

² Hedley S. Dimock and Charles E. Hendry, *Camping and Character*, 2nd ed. (contains a foreword by William H. Kilpatrick) (New York: Association Press, 1939). First printing, Young Men's Christian Association, May 1929.

³ Joshua Lieberman, *Creative Camping* (New York: Association Press, 1931).

help children live up to their experiences at camp.

The camping literature—sparse at best since the thirties—reflects the fact that little systematic work has been done on this problem.⁴ Beyond Fritz Redl's notable contribution⁵ only a few limited attempts have been made to explore in detail the special characteristics of the resident camp setting.⁶

The present effort is brief and rudimentary, offered in the hope that some renewed interest can be stimulated in the questions involved. Of the salient operable factors in the camp situation, several seem most readily observable and seem

to have the most immediate implications for the structuring of the camp experience. Within the space allowed, I shall try to point up some of their implications for practice. The task here is not to develop a comprehensive formulation, but to suggest some ways of thinking which may be profitably developed.

CHARACTERISTICS OF THE SETTING

The child's group experience at camp seems to be fashioned by four major situational characteristics.⁷ First, this is a situation in which the child places unusually high demands and expectations on an experience which is relatively brief in time. This combination of great expectation with a limited time perspective produces, in the cabin group, a kind of "pool of excitement," in which each camper, in his own manner, demands immediate priority for his needs as he sees them. Group life thus begins in a hectic, competitive, and highly charged atmosphere. It is in this climate that each child begins to establish his relationships with both peers and adults.

Begun in this fashion, the cabin group experience appears as a kind of *telescoped version* of small-group life as we have come to know it in the year-round settings. The normal processes of testing for status, establishing role, pairing and subgrouping, sizing up the worker, finding the limits, and so on, are all distinctly observable, but in accelerated and often exaggerated form. The processes are accelerated because they represent certain problems and tasks inherent in small-group membership; they cannot be omitted or by-passed simply because the relationships involved are short-lived. The forms in which they appear are exaggerated, because the situation calls for quick resolutions, with much less time available for the customary caution and the elongated

⁴ In addition to other citations throughout the article readers may be interested in the following list of references: American Camping Association, *Bibliography of Studies and Research in Camping*, undated, and *The Place of the Organized Camp in the Field of Education* (3d ed. rev.; Indiana, Bradford Woods, Martinsville, 1956); Louis H. Blumenthal, "Group Work in Camping, Yesterday, Today, and Tomorrow," in Charles E. Hendry, ed., *A Decade of Group Work* (New York: Association Press, 1948), pp. 9-16; R. P. Brimm, "The Issues in Camping and Outdoor Education," *Camping Magazine*, Vol. 31, No. 1 (January 1959), pp. 14-15; Olive Crocker, "Integration of Social Work Concepts into Camping Practice," in *Selected Papers in Group Work and Community Organization* (Columbus, Ohio: National Conference of Social Work, 1952), pp. 33-44; Howard G. Gibbs, "Camping as a Tool in Social Welfare," in *Group Work and Community Organization, 1955* (New York: Columbia University Press, 1955), pp. 87-96; Barbara Ellen Joy, *Annotated Bibliography on Camping* (Bradford Woods, Martinsville, Ind.: American Camping Association, 1955); Elton B. McNeil, ed., "Therapeutic Camping for Disturbed Youth," *Journal of Social Issues*, Vol. 13, No. 1 (1957), entire issue; "Psychopathology and Psychotherapy of Camping," *Nervous Child*, Vol. 6, No. 2 (April 1947), entire issue; Paul Simon, "Social Group Work in Camping," in *The Social Welfare Forum* (New York: Columbia University Press, 1952), pp. 194-204.

⁵ Fritz Redl, "Psychopathologic Risks of Camp Life," *The Nervous Child*, ("Psychopathology and Psychotherapy of Camping"), Vol. 6, No. 2 (April 1947), pp. 139-147.

⁶ See, for example, Paul Gump, Phil Schoggen, and Fritz Redl, "The Camp Milieu and Its Immediate Effects," *The Journal of Social Issues* ("Therapeutic Camping for Disturbed Youth"), Vol. 13, No. 1 (1957), pp. 40-46.

⁷ The implications of any such analysis will, of course, vary with the length of time that the camp groups stay together. These considerations are directed primarily to the 2- to 3-week camping period traditional to most social agency camps.

Group Experience in Resident Camping

maneuvers of hanging-back and feeling-out engaged in by children in groups of indefinite tenure.

For similar reasons, the cabin group as a whole goes through what seems to be a *reverse order* of group development. In the typical long-term group, what we generally see is a gradual gathering of group momentum; the development of activity and organization reflects the extent to which the members have established their footing and learned to create group products out of the push and pull of individual demand. The camp group, on the other hand, plunges immediately into highly organized action and forms itself, as it were, in the breathing spells, as it goes along. The camp environment is such that the cabin group is immediately called upon to produce certain types of group behavior—like program-planning, limit-setting, role-differentiating—that we have come to regard as symptoms of high group cohesion emerging from an extended period of group life. In response to this necessity, the cabin group goes through a period where it must *simulate cohesion* until such time as it can organize and mobilize itself as an actual group through its own processes of group interaction.

Second, camp is a setting in which each child must adjust himself to an existence marked by constant and highly intimate contact with youngsters he scarcely knows, in a group not of his own choosing. This demand for *intimacy with strangers* carries within it three basic problems for the camp child. One is that it takes place in the context of what is essentially a peer society, in which the demands upon each other are severe and the general tolerance for weakness is low. At the same time, *visibility* is extremely high; the intimacy of camp life is such that close involvement with others is practically a condition of life, and the ordinary defenses are difficult to maintain. And finally, the child must deal with these demands in a group which is formed and accidental—meaning that he must develop

his friends and allies *within the situation itself*, beginning more or less from scratch rather than having access to a given amount of group support at the outset.

Third, it is an experience away from home. Because of its intimacy and intensity, the child will invest it with the qualities of home and carry into it the unfinished business, the problems, and the attitudes involved in his home relationships with both siblings and adults. What he has grown to expect in the way of protection—and rejection—he will expect from those who surround him here. At the same time, the camp experience also represents something which is different from home, an opportunity for developing new ways of dealing with people and being dealt with by them. This is a chance to get out from under certain home patterns that seem dull, or repressive, or otherwise unsatisfactory. This striving for new and independent expression often produces the familiar changes in behavior—eating patterns, self-care, and the like—which surprise parents and gratify camp personnel.

Further, this striving often finds its best expression in group behavior, where the combined efforts of the cabin members provide the support and strength needed to try out new and unstereotyped relationships with adult authority. This is one of the factors that make it possible for a cabin group of tough, undisciplined youngsters to rise to new heights of co-operation and conformity, and for a cabin composed of conforming, middle-class children to take on all the earmarks of an antisocial gang.

And *fourth*, the resident camp constitutes an environment in which life is, to a large extent, both isolated from and insulated against outside influence. In this respect, camp is considerably more than simply a home away from home, since it concentrates the sources of both satisfaction and frustration within a tiny living space, offering none of the collateral outlets and compensations made possible by the school, the club, the street, and the larger family. This

greatly reduced opportunity to *hedge his relationships* is the basic challenge of the camp experience for the camper. If he wants to be liked and respected, he has little alternative but to reach inside himself for qualities that are—in this camp community—socially valued; for these are the qualities that will help him to establish himself as a worth-while member of the community.

This is a difficult task, both for those children whose sense of self is not strong and for those to whom the present value system is strange. And it is in this search for personal strength that the child is most in need of help.

Aside from the ever crucial factor of staff skill, the fact is that much of this kind of help will be sought by the campers from each other. In order to find a place in the community, the camper must secure a fairly firm footing in his cabin group, and his feeling of *camp-belonging* will depend largely on the extent to which he has achieved the status of *cabin-belonging*. Thus, in studying the dynamics of the cabin group, we are examining a living unit that carries the major burden of success or failure for each of its members. With this kind of stake in the outcome, the child takes on participation as a matter of vital necessity, rather than choice; his efforts to effect successful relationships with the group carry an unusually high potential for general social success or failure.

SOME IMPLICATIONS FOR STRUCTURE AND PROGRAM

The cabin-group image that emerges from the above is that of a highly charged, dynamic organism that makes many demands and meets many in return. Its special features seem to stem primarily from the conditions of group formation, the nature of its community, the scope of its influence, and the nature and quality of member involvement. In each of these areas, the resident camp setting presents certain special prob-

lems and conditions that mold the forms of group interaction.

To the extent that these observations are valid, they should be translatable into techniques and devices that could sharpen the focus of camp work. Here again, the present effort will be to outline briefly some of the general directions in which such implementing efforts might move.

First, I would suggest that the resident camp setting should be understood and accepted as an *artificial community*, in the sense that it derives its basic stability and structure not from the strengths and weaknesses of its constituent groupings but from the efforts and activities of professional personnel. This should not mean that the individuals and groups within it have no control over the events of camp life, but that the *degree* of control will vary within an established framework. This idea may run counter to an ancient notion, namely, that camp is a model of "democracy" in action. But in actuality the analogy is poor, for—as in a school or an institution—the reins and responsibility of government must be tightly held by those accountable to the general community. The failure to recognize this produces an illusory system of "government," which is far from the real meaning of democracy. On the other hand, an acceptance of the realities of power in the camp setting makes it possible to create genuine opportunities for group policy-making and environmental control in areas where such decisions are really binding and effective.

If it is true, for example, that the cabin group begins its life with more problems than it is equipped to handle, a premature preoccupation with the signs of group strength and cohesiveness may result in practices which are essentially manipulative rather than democratic. Even if we do not trouble ourselves with the semantic problem of whether the cabin actually constitutes a "group" at the outset, it seems clear that its initial capacity for joint problem-solving is severely limited by its internal

Group Experience in Resident Camping

pressures and by its group immaturity; hence nothing can be gained by fostering the illusion of group strength where it does not exist. Rather would it be wiser to accept, without guilt, the proposition that the over-all context and structure of camp program is provided by staff, with a view toward creating a stable and well-defined system. Within this system, groups and units of groups may be helped gradually, and according to their growing strengths, to make those decisions of which they are capable at a given time. Inevitably, the ability to create a significant impact on this prefabricated culture will vary from group to group; it should, in fact, be a foregone conclusion that some of the cabin groups will never achieve this degree of strength.

A second set of implications arising from this analysis may move us further in the direction of offsetting the intense concentration of energy invested by the camper in his interaction with members of his cabin group. In this connection, it may be important for us to examine the camp regimen for the opportunities it provides for (1) widening the child's range of significant groups and (2) finding, through acts of individual choice, periods of time in which he can set his own tempo and regulate his own involvement in the affairs of others. Camps have developed a number of devices aimed in this general direction—mass activities, unit activities, hobby groups, free-play periods, free-choice programs, and so on. But, again, these are often accompanied by some sense of violating cabin "groupness"; further, these opportunities themselves have often been so severely routinized as to lose their original purpose. What is needed here is a conceptual framework for evaluating these various levels of camper involvement and a machinery for implementing them on an individualized basis—a difficult task but a necessary one, if the problem is correctly stated here.

Olive L. Crocker has suggested, for example, that the "early use of staff activity and use of milieu (rather than the group)"

can "give a camper the feeling of 'being expected as an individual, being prepared for, and being given to immediately.'"⁸ She makes the further point that it is only after the child has had some "tasting experiences," in which he has felt the various forms of excitement offered by the camp environment, that he is ready to participate in a creative program-planning process with his fellows.⁸

A third area of interest lies in the development of means by which the camper may be helped to expand his circle of significant adults within the camp community. In orienting counselors, camp leaders have tended to interpret their responsibilities as combining the roles of mother, father, uncle, aunt, and grandparent. The unreality of such a conception—for both counselor and camper—is patent, even where staff skill and maturity are considerably greater than is usually the case. The insularity of camp life and the reduced opportunity for the "emotional shopping" children do among adults cannot be compensated for in a more intense relationship with the cabin counselor. Without underestimating the importance of this central relationship, the need remains to provide opportunities for the campers to create a wider range of "significant others" within the adult population. This need has been recognized, to an extent, in the growing use of caseworkers, "roving" counselors, and in certain individualizing functions of the unit leader. But these relationships—important as they are when the need arises—are essentially trouble-oriented and curative, rather than built into the normal pattern of camp activity. In this connection, the specialty counselor may once more come into his own, having been overshadowed for some time by an old

⁸ These comments were developed by Miss Crocker in a statement prepared as a reaction to the present paper, in the form in which it was read to the Chicago Group Work Section of the National Association of Social Workers in April 1958. See *Group Work Papers, 1958* (Chicago: Group Work Section, NASW Chicago Area Chapter). (Mimeographed.)

group work notion that a skilled cabin counselor could render the role of the specialist relatively unnecessary in the camp setting.

Finally, if it is true that the rewards of the camp experience are available only to those with certain marked strengths and capacities, it should be possible to specify these characteristics in fairly precise terms, in order to guard against the premature exposure of those who may be hurt by it. Although camp personnel have learned to be wary of the undifferentiated referral of children who "need a group experience," they have not been helpful to those who need to understand the personality factors involved in a child's ability to use such an experience in the camp milieu. Simply by way of example, I would suggest that there may be considerable evidence to indicate that there is a close connection between a

child's perception of his own attractiveness to others and his chance of success in the camp situation. Whether or not such a hypothesis holds up, the fact remains that such formulations are needed, and that they are available from the store of experience built up by camping people over the years.

The field of camping has moved a long way from the early days in which the emphasis on individual strength and achievement created a culture in which only the fittest survived. However, the newer stress on group strength and group achievement carries its own potential for danger when it remains stereotyped and abstract in the minds of those who work with it. Understood in its own concrete terms, the camp group can be helped to provide a richer source of significant experience for its members.

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BY LOUIS LOWY

Social Work and Social Statesmanship

THE PLACE OF social work in the fabric of the democratic society demands greater attention. This involves improving the status and prestige not only of the worker but also of social work itself. To accomplish this goal, public responsibility as well as technical proficiency warrants a high priority in the concerns of both the professional organizations and the training programs. It should be possible to train the social worker of the future to be "skillful not only in the diagnosis and treatment of the individual and group problems which he meets in day-to-day practice" but also to be able "to speak with knowledge and understanding of the wider social issues involved" and with "authority on possible courses of action and development for society as a whole."¹ With these words Nathan Cohen has presented social work with a challenge at this juncture of its history.

Like many other fields of human endeavor, social work in the United States has reflected in its development the political, economic, social, and cultural trends of this country over many decades, as well as its own struggles and conflicts, many of which arose in direct response to the national temper and social climate of a particular era. It has traditionally been concerned with social conditions, and its many contributions to the reform movement of the nineteenth century have been widely acknowledged.

Social action, once more commonly called social reform, has always been an

integral and often decisive element in social work practice as a whole. From the early days of the charity organization and settlement movements in England, down to the mental hygiene and public welfare movement of our own time, there has never been a moment when professionally conscious social workers have been content wholly to separate their day-to-day service of particular individuals and groups from some measure of responsibility for controlling or preventing some of the broad social factors that caused, complicated, or intensified the problems with which they dealt.²

Social work has a long record of concern with solutions to individual, group, community, and mass needs. During its history the priorities of concern have alternated, with "extroverted" as well as "introverted" periods. In its early search for ways and means to help people in need, social work looked toward environmental conditions and the cause of inequities in society. Its attempts and achievements in producing societal changes have written a remarkable chapter in the history not only of the social work movement but of the United States. During its more introspective periods the pendulum has swung more in the direction of concern with the building and refinement of method, so as to improve direct services to individual clients, group members, and community participants.

¹ Nathan Edward Cohen, *Social Work in the American Tradition* (New York: The Dryden Press, 1958), p. 352, quoting in part from E. R. Hoban's unpublished report on "Observation of Social Work in the United States."

² Kenneth Pray, "Social Work and Social Action," *Proceedings of the National Conference of Social Work, 1945* (New York: Columbia University Press, 1946), p. 350.

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Despite these alternating emphases, which were historically influenced, if not conditioned, there have always been efforts to maintain a dual focus and commitment, namely,

... that man can develop his powers only as his society provides the wherewithal and that, conversely, a society can maintain its soundness only as its individual members are sound; that the welfare of the individual and the welfare of society are indivisible.³

These efforts were not always balanced. Particularly since depression days, the "clinical" concern of social work has often tended to overshadow the concern for broad societal changes. A search for identity and status within our society may have been one of the motivating forces in this development. Social work's search for identification as a profession and the very process of professionalization had to be patterned according to established criteria and precedent. The medical profession has served as a desirable model.

Since professions serve the culture in which and for which they operate, the professionalization of social work in the United States had to approximate the cultural value system of our society. Its early history of reform and social action often placed it in discord with established societal values and norms. The very nature of its focus and practice tended to remind dominant forces in our culture that all was not well and that the best of all possible societies was not moving in the direction of the millennium.

It is understandable that during the period of its professionalization and search for status social work might have avoided a position which would disturb its acceptance by those forces in society which bestow status upon a profession. In other words, it has tended to conform to the dominant cultural values and viewpoints. One of

these was the view that the individual's personality structure carries the major responsibility for the appropriate discharge of his societal role functions; while environmental factors deserve attention and may actually be responsible for dysfunction, the larger society and its value system is basically "sound" and does not require changes. Highest status has been accorded to professions which look at man's idiosyncratic functioning and try to restore his dysfunction within the basic premise of a "sane" society.

In addition to this factor there are many others to account for this imbalance. The rapid development of an urban mass culture in our democratic society—with its concomitant bureaucracy, the progressive de-personalization of the individual vis-à-vis his social institutions, the feeling of powerlessness in the face of developments beyond the immediate grasp of ordinary mortals—all these add up to one question: "How can a social worker today think of influencing social change?"

And yet, can the social worker relinquish one of the major functions of social work? Our dual concern, both for the individual as a member of society and for the effect of society upon the individual, has given a distinctive quality to the profession. Unless we demonstrate in practice this dual concern, we may find it exceedingly difficult to distinguish social work from psychotherapy or counseling, for example. The question, then, is not whether we are entitled to think of influencing social conditions and helping to produce social change; but *how* we can fulfill this basic aspect of our obligation in the face of seemingly overwhelming odds—in the face of extreme complexities—in the face of potential conflict with the very society to which we look for sanction, acceptance, and support.

THE SOCIAL STATESMAN

The Delegate Assembly of the National Association of Social Workers in May 1958 adopted a platform of goals of public social policy for the association. This constituted

³ Helen H. Perlman, "Social Casework Counseling," in Roy W. Miner, ed., *Psychotherapy and Counseling*, Annals of the New York Academy of Sciences, Vol. 63, Art. 3 (New York, 1955), p. 387.

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an historic milestone in the evolution of the profession. The goals set forth include specific recommendations to advance the welfare of our society in many vital areas, ranging from social insurance, public welfare, health, housing, education, and recreation to juvenile delinquency, corrections, immigration, civil rights, international social welfare, and still others. These goals are based on the rationale that a "democratic society exists for the benefit of its individual members," and that it "fulfills these obligations to its members through a wide range of social institutions, including the family, voluntary associations, economic enterprise, and government."⁴

Thus the responsibilities of social work as "the profession which concerns itself with the facilitating and strengthening of basic social relationships between individuals, groups, and social institutions" have been affirmed and the following three areas of social action concern defined: (1) the identification of needs, (2) the advancement of social standards, and (3) the application of specific knowledge, experience, and inventiveness to the solution of social welfare problems.⁵

With the adoption of the *Goals of Public Social Policy* (which impinge also on private social issues), the social work profession went on record as being committed to participate actively in efforts at change in broad areas of social welfare concerns. These efforts toward change are conceived within a democratic framework and are based on the utilization of professional social work knowledge and skills.

Social needs and standards reflect the prevalent value system of a society. Our society's value system shows many conflicts. We often profess idealistic values which are to serve as guideposts for our actions. In practice, however, we often discard our professed values and act according to a different set of values, which are pragmatically arrived at. For example, our society is con-

cerned with individuality, with individualistic expression and creativity. In practice we often place a premium upon conforming behavior and frown upon the possible consequences of unbridled expressiveness. We profess to value highly individual integrity, and yet in practice we allow the individual to become exploited as a consumer, as Vance Packard has documented in *The Hidden Persuaders*.⁶

Are not these value conflicts of legitimate concern to the social work profession? Do they not permeate the three areas of social action mentioned?

Goals of public social policy need means of implementation; otherwise they remain merely lofty aspirations and manifestos. Goals are significant for setting directions, but they need instrumentalities for achievement, or their very purposes are dissipated and they serve only to assuage our guilt feelings about our inaction in reaching them.

All this means that we must return to the concept of social statesmanship coined by the late Eduard C. Lindeman. When we think of a statesman, we have an image of a *political* leader whose experience and skill have given him a broad perspective which fosters wisdom in the discharge of his responsibilities. Statesmanship is an objective on the continuum of a political career.

In social work, statesmanship has not always been built into the career continuum. Social statesmanship has, in fact, received only passing attention in this country and has often implied a dichotomy of functions. On one hand was the clinically oriented social work practitioner who provided direct as well as indirect services to individuals, groups, and communities; on the other, a handful of social workers who by virtue of their positions in public or voluntary agencies administered large-scale social welfare programs and would participate in the formulation of large-scale social policies. In quite a few instances these in-

⁴ *Goals of Public Social Policy* (New York: National Association of Social Workers, 1959), p. 11.

⁵ *Ibid.*, pp. 11-12.

⁶ New York: David McKay Co., 1957.

dividuals were "social statesmen" in theory as well as in practice.

If we accept, however, the premise of the dual function of social work, to which the National Association of Social Workers as its representative spokesman has recommended the profession, then we have to build the concept of social statesmanship into the career continuum of the social worker and make provisions to equip him for the possible achievement of such a goal.

A PROFESSIONAL COMMITMENT

This is a goal that can only be realized if every social worker is committed to the philosophy of social change; if every social worker is "clinically" and "socially" oriented. (It is interesting that in Germany the two fields of *Wohlfahrtspflege* and *Sozialpolitik* have always been interrelated in theory as well as in practice.)

Regardless of whether a social worker devotes his career to practice as a case-worker, group worker, or community organizer; as administrator, researcher, or teacher; he should have a professional commitment to promote social change or reform. In order to develop such a commitment he needs corresponding attitudes, knowledge, and skills which will equip him to be motivated, to understand the issues and problems involved, and to be able to act in accordance with the knowledge and understanding gained.

Attitudes. Allport defines an attitude as "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related."⁷ The social worker must acquire the state of readiness which will influence him to become sensitized toward society at large, toward social forces at work, toward social problems, issues, and inequities, and toward the "good society." Social workers believe

that a good society can only flourish if there is harmony in the reciprocal interaction between society and the individual. Harmony implies an integration of the individual within himself and with his environment—his social world, which is part of the societal culture.

In the light of this, the social worker has to develop an "emotionalized habit response pattern" which will enable him to see his professional role in broad context. He will then see himself not only as an agent of change in relation to his clients (in the broadest sense) but also as an agent of change in relation to the society in which his clients live. While the social work profession has always maintained this dual commitment, it has not always been imbued with the corresponding attitude, nor has it always consciously developed this attitude among its practitioners. It is significant that many students in schools of social work today reject quite consciously the concern for social change and reform. Many of them want to become clinicians, sensing a higher status attachment to the clinically oriented professional whose sole function is to "set people right," but who does not question whether society should not be "set right" as well.

Knowledge. Attitudes are predisposing sets toward action. Action, however, has to be based on knowledge. It is not sufficient to have a smattering of societal dynamics, social structure, social stratification, and social institutions. Understanding of the interrelatedness of historical phenomena, economic facts, political currents, and cultural occurrences is the foundation upon which knowledge about society can be built. Only against such a framework of knowledge can social issues and problems be really understood and implications for social welfare as well as social work be discerned. While the breadth and depth of such knowledge will necessarily vary with each social worker, the need for general common knowledge of this has been recognized as essential equipment for every social worker by the Council on Social

⁷ Gordon W. Allport, "Attitudes," in Carl Murchison, ed., *Handbook of Social Psychology* (Worcester, Mass.: Clark University Press, 1935), p. 810.

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Work Education⁸ and by the various schools of social work. Nevertheless, one may raise the question whether sufficient attention has been given in schools of social work to the balance of breadth and depth as well as the acquisition of social perspective on the part of the student.

How can a social worker hope to influence agency policy unless he has both knowledge and understanding of the agency power structure? How can he hope to affect legislation—regardless of what level of government may be concerned—unless he has both knowledge and understanding of the legislative process?

Skills. Attitudes, knowledge, and understanding are insufficient without the skills to make use of them. Through the acquisition of skills, knowledge can be applied and translated into appropriate professional action. It is not within the province of this paper to suggest the variety of skills necessary to accomplish this. We will confine our attention here to three levels of function through which the social worker can participate in bringing about social change.

LEVELS OF FUNCTION

1. *In the agency.* Social work practice is typically an institutionalized practice. It is carried on under the auspices of an agency which represents a social purpose. This may be a social agency or any other "human welfare" agency such as hospital or an educational institution. It is through the agency that the social worker gets societal sanction and support, and through the agency the social worker fulfills one aspect of his societal role. While purposes, values, objectives, and structures influence the type of social work services rendered, and while certain limits and restrictions are imposed upon the worker which differentiate his practice from that of a physician in private practice, it is through the agency that the social worker also has a unique opportunity to effect social change. The

agency is a social institution, and thus reflects a "society in microcosm." Agency structures vary; job structures and job responsibilities show a large variety; nevertheless, within this variegated pattern, the social worker has many opportunities and a definite responsibility to exert influence, not only upon the agency itself, but through the agency upon the community and its forces. Working with agency boards and board committees can be either a perfunctory, narrowly conceived chore of necessity or a most dynamic and challenging task with far-reaching consequences in regard to social change. The history of social work in its reform days—particularly that of the settlement movement—has attested to this.

One must admit that working with power structures in the agency and/or the community is far from simple. Many delicate intricacies are involved in such relationships, as every social worker knows. Yet the *modus operandi* in any agency setting emphasizes not only the opportunity but also the responsibility to make use of it.

2. *In the professional association.* Here the individual social worker can either just belong, and delegate responsibility for social action to the elected officials, or he can actively participate in the shaping and implementation of policies designed to produce social change. The broad areas affecting social welfare in our society in 1960 are so complex and manifold that no individual by himself can exercise decisive influence upon their direction and shape. But neither can a delegate body, no matter how representative and how wisely chosen. Apart from these pragmatic considerations there are others. Unless the individual assumes some responsibility for active participation in the work of the association (through chapters, national committees, commissions, and so forth), he may not feel personally related to its work, and so may experience his participation only vicariously, which negates the very purpose of a democratic process. Chapters of the association bear a heavy responsibility for devising ways and means to offer their membership a chance

⁸ *Curriculum Policy Statement* (New York: Council on Social Work Education, 1952), p. 2. (Mimeographed.)

to become actively involved in their work. This calls for ingenious and creative leadership.

3. *As an individual, with members of other professions and groups.* Many professions and groups in our communities share the concern of social workers in improving human welfare and effecting changes in society when called for. Most social welfare issues are relevant to a variety of professional and lay groups. Social workers should participate in concert with such groups, as social workers (in contrast to citizen participation), and give of their knowledge and skill in the interest of the causes espoused. At times it may be the social worker who has to initiate action and employ his skills in getting various interested parties together for the benefit of social action. This requires that the social worker should feel secure enough to be able to act as an equal among equals.

As we know, social issues are often controversial. There is no common agreement as to what constitutes the common good. Various groups represent various interests, and these interests quite frequently clash. The issue of health insurance might be cited as an example. Espousal of controversial causes has been the lot of the social work profession. It had advanced human progress and has earned status and recognition from many segments of our society.

How can the concept of social statesmanship be made part of the ideals and commitment of the social work professional? How can we see that this concept receives equal attention with the clinical emphasis? How can attitudes toward social change be inculcated? How can knowledge and understanding of social welfare problems, conditions, and issues be communicated meaningfully, so as to form the basis for a use of professional skills in social action which would lead to more harmonious integration between the individual and his society?

The task is formidable and begs humility. It also begs careful thought and vision.

TRAINING PROGRAMS

The training programs for the social work profession are the avenues through which this task can be accomplished. This discussion will be confined here to two major forms of training program, (1) professional education in graduate schools of social work and (2) in-service training in agencies and through the professional association.

1. The Council on Social Work Education in its statement on curriculum has included the social welfare sequence as a basic requirement for accrediting graduate schools of social work curricula.⁹ This sequence has become part of every accredited school of social work in the past few years. As yet its exact content varies considerably from school to school. As Irving Weissman has stated,

The titles of the required courses suggest the inclusion of a variety of content organized into three major patterns. Approximately a third of the courses have general content; another third have content focused on a specific field of practice; and the last third consists of courses with content on some specific aspect of social welfare as the historical, legal, philosophical, etc. . . . The full wording of titles having the same key words often indicated differing scope, topical emphasis, subject matter selection, frame of reference and instructional approach. . . . On the whole the course titles give the impression of much fragmentation and dissimilarity of content from school to school. . . . The short statements in school catalogs which describe the topics covered by individual required courses reveal, by the content-analysis method, an enormous range and variety of content items expressed at varying levels of specificity and generality. . . .¹⁰

⁹ *Ibid.*, p. 2.

¹⁰ Irving Weissman, *Curriculum Study: Research Plan for the Fields of Practice Project* (New York: Council on Social Work Education, 1956), p. 5. (Mimeographed.) This statement has been amplified and elaborated upon by the author in *Curriculum Study: Social Welfare Policy and Services in Social Work Education*, Vol. 12 (New York: Council on Social Work Education, 1959), chap. 2.

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In the *Curriculum Study* of the Council on Social Work Education in 1959 certain curriculum objectives in regard to social welfare policy within the "social welfare sequence" have been recommended. Seven areas of learning about social policy have been emphasized which should help students understand, assess, interpret and view professionally these areas of "policy." Students need to be impressed that "social action is the purpose of all policy activity."¹¹

Since objectives have been laid out, the formidable task remains now to devise teaching methods for implementing them. It is one thing to understand social policy issues and to assess their significance; it is quite another thing to view them professionally and to be able to act upon them.

But here one is not only concerned with the social welfare sequence (or whatever it may be called in various schools) as with the total objectives of our educational efforts and training programs. No doubt many schools train primarily clinically oriented caseworkers, group workers, or community organizers rather than generically oriented social workers who feel as much commitment about promoting societal changes as about promoting client or group-member changes. If we are committed to the dual role aspects of social work, then our schools of social work have to train practitioners who can fulfill these dual role aspects. Needless to say, all this has tremendous implication not only for curricula building, but also for teaching methods and for field work training. If a field work supervisor does not show concern for social issues, or if he does not actively participate in the work of the professional association concerned with social policy or similar problems, how can the student himself be expected to develop an interest in such problems and issues? The field work supervisor is a significant model in his eyes.

The advanced programs in social work education have concentrated a good deal on training social welfare leaders in addition to

researchers, administrators, and teachers. While many complexities of social welfare problems warrant advanced and doctoral concentration, it would seem that the development of attitudes, knowledge, and skill in affecting social change is basic and germane to *any* social work training program. This is not a question of training social welfare specialists (which is well within the province of advanced programs), but a question of fundamental equipment for every social work practitioner who is to become fully committed to the "social" in social work and who sees the concept of social statesmanship as a desirable goal on the continuum of the social work career.

2. A good many social agencies consider in-service training an essential part of their responsibility toward their staff members (supervision is not included here in that category). Even a cursory examination of many formalized in-service training programs reveals that content is mostly geared to the immediate concerns of clinical practice and job performance. This is of course understandable. But it begs the question of whether such training courses should not also include areas of broad social concern that affect the lives of people served by the agency. Should they not also deal with social action methods? Cannot such courses introduce new knowledge of social forces and social control, of social institutions and social change? Should not such courses teach skills in teamwork with other professions and citizen groups?

Neighborhood houses and community organization agencies have spent many a staff meeting discussing these very issues, when faced with such problems as urban renewal or racial segregation. On the other hand, there are social agencies in the country which are not directly affected by any such issues, but could profitably devote staff discussions to social welfare concerns.

Recently one of the larger chapters of NASW conducted an informal survey to ascertain attendance at membership meetings and to project the program interest of its members. The results of this survey showed

¹¹ Irving Weissman, *op. cit.*, p. 68.

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Dr. Robert S. Daniels
10. Strengthening Services in Public WelfareMary Alice Roberts
11. The Concept of "Role" and Social Casework.....Helen Harris Perlman
12. Dynamics of Social Process in Small GroupsMary Louise Somers

SERIES II: July 25-August 5 *

1. SupervisionBernece Simon
2. Family Diagnosis and Treatment
Frances H. Scherz
3. The ADC Program: Its Potential Values in Maintaining and Strengthening Family LifeJennie Zetland
4. Professional Development of Volunteer Programs in Social Work Settings
Bernice Wolfe Gordon
5. AdministrationCharles Schottland
6. SupervisionCharlotte Towle
7. Casework Treatment of Adults with Character Disorders.....Helen Sholtis
8. Growth and Development of Personality
Arthur Mandelbaum
9. Casework with Older People
Esther Golber
10. Community Organization in the Local NeighborhoodSimon Slavin
11. Social Work in Psychiatric Hospitals
Helvi Boothe

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that the least attended meetings were those which dealt with broad social issues or problems faced by the social work profession. The best attended meetings and those showing greatest interest in future meeting content were those concerned with topics closely related to direct services to clients and immediate job responsibility of staff.

How can staff members of agencies and members of the professional associations be motivated to take a more active interest in the broader social welfare issues, and how can they be stimulated to feel a commitment toward social action? Admittedly, the task is formidable.

At this juncture in the history of our profession we have little choice except to go forward with our heritage, filled with determination to work toward a better world. But the world will only be better if we work at it and use all our available resources. To be true to ourselves may involve us in occasional—possibly even frequent—conflicts with the very society that sanctions us and from which we seek approval. But because of our obligation to this same society, we have to advance our knowledge and skills to change it for the better, guided by basic values rooted in our belief in the worth of men. All this may mean crisis situations. The Chinese ideograph for "crisis" is a combination of the ideographs for "dangers" and for "opportunity."¹² Maybe this is a challenge to the social work profession that will gain for it greater status than ever before. The road has been staked out for us by all who have stood for the highest ideals of social work.

¹² Robert T. Blakely, "The Way of Liberal Education" in W. Donahue, ed., *Free Time* (Ann Arbor, Mich.: University of Michigan Press, 1958), p. 114.

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POINTS AND VIEWPOINTS

The New Look in Community Planning

AS THE NEED for long-range planning for social welfare has been recognized in recent years, great impatience has been expressed with the inadequacies of the traditional council of social agencies. Rigid structure, lack of research, overattention to "house-keeping" activities, all have been identified as blocks to progress. In some quarters, these problems are equated with the inability of professional social workers and the institutions they serve to engage productively in a community approach to social policy issues and social change. A number of thoughtful approaches are being made to the problem of welfare planning by community welfare councils through structure, staffing, membership, and program. Some changes have been evolutionary, others revolutionary. One extreme approach is advocated in which "top citizen leaders" will become responsible for planning and decision-making, and in which the professional social worker becomes a technical adviser to be consulted in this process only at the pleasure of the "power structure."

As practitioners of casework, group work, and community organization or as administrators of agencies, we are not blameless in this situation. But do we have to be complacent? Have we really examined the issues involved? If we are to be "partner" and not just "party" to change, I suggest that we need to examine proposals for revised welfare planning organizations with the following four questions in mind.

1. *If the welfare planning organization is to represent and have ultimate authority*

for planning decisions for the whole community, by whom is it selected, and to whom is it accountable?

In at least one recent development, a closed association of "top citizen leaders" has become a self-perpetuating body of guardians of the welfare interests of the community. They serve not only in the selection and setting of priorities on welfare problems to be considered, but also as judge, jury, and executor in planning and action. Because of their key roles in the community power structure, one may assume they also wield authority in their ability to influence the implementation of their plans. They act on behalf of the entire community through a voluntary, autonomous body which is not responsible to citizens as voters or taxpayers, nor to contributors and users of the service for whom they plan; much less to the direct service agencies and organizations whose boards we assume also include citizen leaders. In such a situation, what recourse have agencies, citizen organizations, or the people served for selecting or removing the guardians of their welfare? With no delegate assembly, no public franchise, no open membership body, the board becomes self-perpetuating and answerable only to itself.

In other communities proposals have been made for a broad individual membership organization with no organizational ties per se. As long as agencies continue to exist as autonomous bodies and are held responsible by society for provision and adaptation of services to meet recognized needs, it is hard to see how as entities they can be eliminated from a direct voice in the planning process. Does the board or staff member serving as an individual member carry the same weight of influence in com-

mitting his agency as does the official representative? Will this effort toward freedom from agency domination of the planning organization result in progress or create new blocks to action?

These new proposals raise the question of the fundamental philosophy underlying them. No one could quarrel with the goal of making the welfare planning organization more efficient and effective in terms of scope, quality of service, and long-range as well as short-range undertakings. However, the old question as to whether the end justifies the means seems involved here, as it does in any autocratic operation which claims efficiency and expediency for its authority.

2. *What regular channels for communication and interaction are provided between organized interest groups and the central planners?*

It is true that patterns of bigness today dominate government, labor, and industry. It is noteworthy, however, that business and industry increasingly encourage participation in policy-making by stockholders and employees; labor unions by locals and their members; government by citizen boards and commissions, to say nothing of the voters. City planners, often cited as the model for "the new look," have recognized in urban renewal programs in such cities as Baltimore, Philadelphia, and Dayton that the best blueprints created by the best technicians are often ineffectual unless the community affected is motivated to change through organized and genuine grass roots participation in the planning.

Another significant trend is that with the upward mobility of people in our economic and social class system there is a healthy development of new organizations and new leadership. Included are numerous civic organizations, parent groups, religious auxiliaries, neighborhood organizations, and other spontaneous citizen efforts to affect and improve the life of their community. These groups are active and influential in

determining the nature of welfare services, with or without our help. The need for community identity and a sense of importance and effectiveness in this uncertain world has led to their organization. This activity has important implications for community mental health as well as for improved social services.

A precious part of our heritage in the U.S.A. is our belief in the God-given right and responsibility for individuals to think and act alone and in concert; and to play an important role in shaping their own destiny. This they do by forming organizations through which individuals with a common interest or purpose can make themselves felt. This right cannot be delegated solely to a top citizen elite.

At the same moment that we note a trend toward centralization, federation, and bigness, we must also take into account the complexity of autonomous and special interest groups which have an important place in a democracy. A core problem for our times is how to develop a planning structure which will have the advantages of centralization while at the same time encouraging decentralized planning activities. Leadership is born when initiative is taken by people from many walks of life throughout the community. It is also important that people on the receiving end of community services can channel their reactions to the central planners. Any planning structure must therefore take into account provision for:

a. Use and exercise of top-level expertise of both professionals and laymen; research, community organization generalists, administration, public relations, and persons with expert knowledge in fields covered in planning.

b. Meaningful channels of communication to and from the organized groups in the community who have an interest or stake (positive or negative) in problem solution (civic, professional, religious, and welfare organizations).

Points and Viewpoints

c. Formal and informal relationships with other city-wide planning organizations within or related to welfare services (city planning, housing authorities, city commissions, sectarian federations, and the like).

d. Formal and informal relationships with public and voluntary appropriating bodies calling for planning structure which facilitates planning at national, state, and neighborhood levels and provides channels of communication between these levels on a formalized basis.

e. Formalized channels of communication to and from welfare planning organizations at other levels, *i.e.*, international, national, and—on the other hand—area, district, or neighborhood.

f. Provision of direct community organization service to any segment of the community (for instance, a group of city-wide organizations, a district area of the city), seeking or needing help with solution of a welfare planning problem.

Underlying these propositions is a recognition that the community is inclusive of a multiplicity of cultural, economic status, and special interest groups, whose members influence the effectiveness of services through the vote, financial support, and/or their use and who therefore have a right and a responsibility to participate in influencing policy. The institutions, agencies, and organizations and individuals—the community—should be helped to make their maximum contribution to the life of the community. This they will do by gaining a greater sense of statesmanship possible only as they participate in policy and program decisions that affect them and other organized groups in the community.

3. What rights and responsibilities have direct service agencies, their boards and staffs, to participate in and influence welfare planning decisions?

Although recognizing that they form "the front line of service," in some quarters a dim view is taken of agencies as partners in the planning process. They are to give

advice when asked but not to participate in decision-making. I reject this assumption that agencies necessarily represent "vested interests" which do not permit of social statesmanship. I also refuse to write off social workers as technicians capable only of carrying out a vocational task. As professionals in administrative positions they have a built-in responsibility for social policy and for influencing change. Our challenge is to give them more, not less, opportunity and responsibility for statesmanship.

The writer has long been an advocate of a broadly based citizens' council and an opponent of councils of, by, and for agencies, but to propose that planning councils should not be dominated by agencies is not to eliminate them entirely from planning responsibilities. Rather it calls for strengthening their ability to participate in planning process by increasing "top citizen" leadership on every board, and charging each institution with responsibility for adapting services to meet priorities established on a community-wide basis. This, I believe, they are more likely to accomplish if they are a part of the central planning operation and are not made suspicious or fearful of it.

Any proposal to separate clearly the functions of the agencies and the planning organization is logical and interesting, but needs careful examination. Where does planning begin and end? Surely agency boards must be responsive to changing community needs by modifying policy as to their clientele and the nature of the service program. Their awareness of unmet need is often the source of the "community problem" referred for study and action by the council. Are they just to drop it in the council's lap, or take initiative in participating through appropriate board and staff members in the planning process? When the problem calls for creativity of a new approach to service, the answer is more likely to come from interaction of professional and lay leaders than through the advice invited from "technicians."

4. *If, for the foreseeable future, community services are to be administered through a complex network of autonomous agencies under public, sectarian, and nonsectarian auspices, and if these agencies are interdependent, where will they look for co-ordination and common services necessary to a balanced and efficient community welfare program if this feature of council activity is to be eliminated?*

Unless and until we find it desirable and possible to place all direct service units under one central administration, there will continue to be need for co-ordination of services through a central planning organization.

In conclusion, while I heavily endorse experimentation with new approaches to planning, I believe these should be undertaken within the context of tested principles of community organization practice. I am concerned when planning organizations are devised with (1) the omission of the important concept of broad and inclusive involvement of interested elements of the community in the planning process; (2) with an administrative top-down line operation by an autonomous group of individuals and their employed staff of experts who purport to act on behalf of a community which has no ultimate control of their selection or decisions; (3) with the discard of the intergroup approach to planning although autonomous agencies and organizations under public, voluntary, sectarian, and nonsectarian auspices continue to carry responsibility for policy-making about welfare services; (4) with a narrow view of the responsibility for community planning by professional workers (not only social workers) and agency board members; and (5) with the underlying philosophy which expresses through autocratic devices its impatience with the necessarily slow and imperfect but important and more lasting results of democratic procedures.

My concern with these five points is not on the basis of starry-eyed devotion to a theoretical adherence to democracy. It is

because in my experience these considerations are essential to solid and lasting achievement of the stated goals. Paternalism which plans for and not with the community weakens its potential for self-help and overlooks the responsibility of the planning organization for discovering and developing new leadership in every walk of life as a goal equivalent with that of attainment of specific service goals.

VIOLET M. SIEDER

Waltham, Massachusetts

Toward Better Meetings

SOCIAL WORKERS ARE KNOWN for their constant attendance at, and participation in, meetings. These vary from small, informally called committee meetings to large agency or community-wide gatherings. Since the social worker is increasingly involved in the planning of meetings—or helping others to plan them—it is very important that he sharpen his skills along this line. The purpose of this short piece is to look at some of the factors affecting the planning and conducting of meetings; also some of the methods available.

Important items to consider before each meeting are the purpose, content, leadership, participants, size of group, time available, meeting place, and notification to participants beforehand. Purpose includes careful definition of the reason for this particular meeting. Is it a "one-shot" meeting where certain decisions need to be made? Or is it one in a series, largely for the giving and receiving of information? Of utmost importance, when the purpose has been defined, is to let the participants know what it is.

Content refers to what is being discussed or presented. Planning the content involves some consideration of the order in which things will be done. This ordering of the content—or agenda-building—is an art. We must consider who should participate

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in building the agenda, as well as the time available for the meeting and the priority of content items. Once these decisions are made, we can draw up a realistic agenda indicating who is responsible for what item within the time available. How many of us remember all too well the familiar ring of the chairman's "Now, this meeting will begin and end on time." An hour later we wonder what happened to this promise—or was it an admonition?

Who is responsible for this meeting? It may be the elected, selected, anointed, or appointed chairman. Or it may be a professional resource person. Whoever it is, thought should be given to the kind of help and resources he may need before and during the meeting. People are the ingredients that make up the group, and some thought should be given to who and how many are coming. This is essential so that enough chairs will be available and a room of appropriate size. The factors of number and personality also affect the way in which the gathering will take place and the methods available to elicit both group and individual presentation if these are called for. "We always do it this way" is no guide in planning a meeting.

Time! There is never enough of it, of course. One can plan to make the best use of the time available; preplanning is essential, as is an agenda that will allow time for discussion and for that one important announcement someone always has to make. A good method is to time each item via a quick estimate in the preplanning session. Ask each person responsible for an item on the agenda how much time he needs, and come to an agreement as to time for it that seems realistic in view of the rest of the meeting plan. It helps to have these discussions with program participants somewhat earlier than half an hour before the opening of the meeting.

"We always meet in the conference room of the XYZ agency." That alone may be reason enough to meet somewhere else for a change. Some regular meetings—weekly

or monthly—become uninspired because of the consistent routine. A new meeting place may spark up a group. Such things as adequate lighting, pleasant temperature, and a reasonably comfortable seating arrangement should also be considered. If a movie is to be shown, check on the electric outlets, the need for an extension cord, and the availability of an extra bulb for the projector. These little things do count. By now you may be thinking that there is not time to do all of them before each meeting for which you, the social worker, have responsibility. Yet they do not take much time, once this kind of planning becomes part of professional habit or skill. (Have you ever enumerated all the things you do in preparation for going to bed?)

Little thought is ordinarily given to the way in which people are notified of an impending meeting. The notice can become part of a person's motivation to attend and should not be tossed off too lightly. Notifications need to be personal, clear, and sent out far enough in advance to allow people to make their plans. It is really all right—not unprofessional—to use a brightly colored card or notice, sometimes giving it a lighter touch with a catchy title or a drawing. All these considerations are absolutely necessary if meetings are to achieve the objectives for which they are called, if participants are to have a feeling that they are getting somewhere.

MEETING METHODS

Putting the various pieces together: what will be the best possible way to plan this meeting, at this time, with this particular group and its leadership, considering its specific purpose? Methods for meetings are as varied as the people who plan them. Here are a few, ranging from the leader-dominated lecture to the group-centered or member-dominated discussion group.

The *lecture* consists of a formal presentation by one person. Its purpose is usually information-giving, and it requires minimal audience participation.

The *lecture forum* is a formal lecture followed by a period for discussion and questions by the audience. The discussion period can be handled in a variety of ways: (1) dividing the group into smaller subgroups for the purpose of formulating questions; (2) passing out paper and pencils and asking audience members to write out their questions; or (3) allowing direct questions from the floor to the speaker. There are many other ways of doing it. The last method is good in that information is given to the audience with a planned period for their participation. On the other hand, there is danger of heavy dependence on the speaker with the chance that only perfunctory questioning will occur.

The *symposium* has three or more persons with different points of view on a several-sided question providing the presentation. The audience then directs questions and/or comments to the members of the symposium. Here there is decreasing dependency on one person and increasing freedom in audience participation. It is important in this type of meeting to recruit speakers with different opinions, but of equal ability. The *panel discussion* includes several people who have an informal conversational discussion before an audience. This provides an easy transition from panel to audience discussion, and requires a skillful moderator.

The *panel-forum* is a combination of a formal presentation followed by an informal discussion among the panel members, followed by audience participation.

The *debate forum* requires one speaker for and one against a proposition and is followed by questions and comments from the audience. A plus factor is that issues are sharpened. A minus factor is that it tends to become emotion-laden.

A *forum dialogue* is a public conversation in which two people carry on a conversation in front of the audience followed by audience discussion. There is great informality and this makes easy audience participation possible. It helps if the two

speakers know each other and/or have planned their main items of emphasis in advance.

The *movie forum* includes first a movie and a speaker, followed by a discussion led by a skillful leader. Often it is possible to give the audience some specific things to look and listen for, helpful in the discussion period.

In the *group interview* there is an inquiring reporter who interviews several people in the audience or on the platform and then throws discussion open to the audience. This focuses discussion on problems with which the group is most concerned.

In the *buzz group* two or three people "buzz" with one other for a short period on a specific question which they have been given verbally and in writing. It is good for getting many people in a large group involved quickly. Other subgroupings include *cluster discussion* and "*discussion 66*" (in which six people meet for six minutes to discuss a particular question)—devices of this sort may be used to enliven situations where routine is beginning to weigh.

Brainstorming is an informal "group think" session. Good rules for brainstorming are:

1. The question to be discussed must be simple.
2. All judicial judgment is ruled out.
3. Free-wheeling is welcomed.
4. Quantity is wanted.
5. The combination of ideas and improvement is sought.

The value of this method is that everyone can participate (groups range from 12 to 30 people) and judgment is eliminated. Out of the many ideas a number of creatively valuable ones usually emerge. Participation is at a high point here.

An *institute* is a gathering of people for a brief period of intensive joint deliberation or education, while a *conference* is generally a gathering for several days for purposes of inspiration, information, exchange of experience, and some education.

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A *seminar* usually consists of a group of students who meet under supervision of an instructor for the purpose of learning—through research, presentation, and discussion.

The *workshop* is a project-oriented group experience. A small group works on a project or problem of its own definition, coming out with a solution or at least on the way to one.

In a *discussion group* a number of adults examine and discuss an agreed topic from all sides. It is often a problem-solving session. Usually one member of the group acts as discussion leader.

In all "meeting methods" visual aids may be used. These include charts, graphs, flip charts, felt-o-grams, chalk talks, slides, and many others. One word of warning in our gadgety age: the visual aid must really be an aid, a help to communication, or it will serve as an excuse for mental excursions on the part of the audience and result in diminished or no communication.

Whatever method or combination of methods you choose, do not let the method be an end in itself, but rather the vehicle that brings the group toward the goal or goals they have set for themselves. Evaluation or feedback at some point will give clues to what has gone well and what needs improvement. Group evaluations are particularly effective because the comments and suggestions take on an impersonal quality. Usually two or three questions such as "What went well?" or "What could be better?" will produce helpful hints to planners. One of the main values of the feedback is that you discover whether you accomplished what you set out to do.

Meetings can be fun and productive at the same time. They just need a "new look." Designing meetings should be as varied—and as personalized—as designing clothes. The planning of meetings is an art, one that should be a part of the social worker's professional skill.

EVA SCHINDLER-RAINMAN
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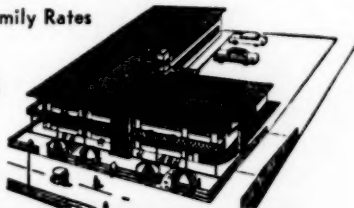
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First, Catch the Tiger. . . .

It has been reliably reported that the recipe for Tiger Stew reads: "First, catch the tiger. . . ." The "tiger" in this instance is the thirteen-volume *Social Work Curriculum Study* (Council on Social Work Education, 1959); the "stew" is the curriculum policy which ultimately will be developed as a result of this council-sponsored project. Reading all or substantial segments of these thirteen volumes would seem to be in order if social work practitioners are to take an intelligent and responsible position with reference to the study. This is no mean tiger to catch!

While the journal wishes to call attention to the publication of the study, and further to acknowledge this as an event of prime significance, it will not at this time undertake to review the volumes individually or collectively. Currently, significant and provocative reviews of the volumes appear in the January 1960 issue of *Social Casework* and the December 1959 number of the *Social Service Review*.

The Editorial Board will attempt at some later date the difficult task of reflecting the practitioner's point of view on the study. Such an undertaking requires that the journal's readers *read* the volumes—and with an open mind. In addition, it requires reader reaction in the form of articles, Points and Viewpoints, and letters in order that this point of view may be perceived and reflected. In future issues the journal will give thought and space to the Curriculum Study from the vantage ground it has selected for itself.

For those readers who may not yet see clearly how the recommendations of the study will be debated, tested, and acted upon, some clarification may be useful. At the present time social work curriculum and

accreditation standards are governed by a 1952 policy statement which affects only graduate schools and departments (the CSWE has no policy or authority in relation to undergraduate curricula in social work). A fair estimate on timing for the revision of the 1952 curriculum policy statement would be 1962.

The Board of Directors of the council, in a Publisher's Note at the beginning of each volume, encourages review of the study "through all possible channels . . . through consideration and discussion of the findings and recommendations and their implications for social work education and practice." Within the council's structure, the Curriculum Committee (chaired by Helen Wright) will recommend policy for ultimate action by the CSWE Board of Directors.

Many other channels, formal and informal, have been set up. Faculties of graduate schools have undertaken the prodigious task of reviewing recommendations, in many cases in collaboration with representatives from field work settings. In addition, the Commission on Social Work Education of the National Association of Social Workers is considering the study and its implications, and has distributed a guide for chapter discussion of the study.¹ The presenting problem is to involve social work practitioners and the various publics with a stake in the final curriculum policy in the fullest consideration of the Curriculum Study.

Perhaps a few general comments on the study are in order with the reminder that we come neither to praise nor to bury Caesar! The study in its final, published form is not of one piece; it is uneven in content,

¹ Milton Wittman, "Impact of the Curriculum Study," *Social Work*, Vol. 5, No. 1 (January 1960), pp. 108-109.

contribution, and controversy. Volumes I and II (*Objectives for the Social Work Curriculum of the Future*, and *The Place of the Undergraduate Curriculum in Social Work Education*) are the most provocative, although the provocative themes run throughout the thirteen. The study is not devoid of internal inconsistency, nor could it be expected to achieve what the profession has not yet achieved. Readers may be left hanging by the inconclusiveness of some volumes, may be irritated by the undocumented authority of others. Some terminology, constructs, and analogies will elicit mixed feelings. But the study represents tremendous effort, poses significant questions, takes positions in some instances, and deserves your best thought. If the writers reveal biases, who among the readers has none?

This reviewer was impressed by a feeling that Werner Boehm, director and co-ordinator, placed the study in the great tradition of social reform and social change. In Volume I he anticipates resistance to curriculum change; he identifies with those who reorganized the medical curriculum in the early 1900's, and with their struggles in the face of resistance to suggested reforms. One is reminded of Edward Bellamy's postscript to *Looking Backward*: "All thoughtful men agree that the present aspect of society is portentous of great changes. The only question is, whether it will be for the better or for the worse. Those who believe in man's essential nobleness lean to the former view, those who believe in his essential baseness to the latter. For my part, I hold to the former opinion."²

Few recent events in social work have cast their shadow so long in advance. Social work education's publics literally were teased from the time the study was undertaken. Frustration increased at the annual meeting of the council in Philadelphia, February 1959, when, after Dr. Boehm presented some preliminary material, small dis-

cussion groups attempted to consider the subject before the study was published. Add to this that Volume I—the introduction and overview of the study—was the last volume to appear, and it is not difficult to understand that much feeling had been stirred and negative attitudes crystallized by the time the study was available *in toto*.

Positions have been taken, coalitions have been formed, the future of the study will be determined by political processes. It would be naïve to deny that points of view, biases, perceptions reflect vested interests in so highly institutionalized a profession. Few thoughtful people will deny that the attention to professional curriculum questions can be of substantial advantage to the profession as a whole. At the risk of oversimplification, the largely unresolved differences between those who emphasize broad social planning and provisioning and those who focus more sharply on interpersonal relationships will affect points of view on curriculum.

It is not bad that what agreement is reached will be the result of political processes. The really important thing about such agreement, however, is the way it is reached. It is to be hoped that rational thinking, the "long view," and knowledge gleaned from reading the study will influence each person in his course of action, despite the fact that realism modifies any hope that *all* who take a position will read *all* thirteen volumes.

Whatever you believe, whatever the outcome, read the study. To enhance our exhortation, we steal from Grace Coyle and Ernest Witte an aphorism they report they could not resist stealing from Lord Beveridge. In discussing the controversial report that bears his name, Beveridge is supposed to have said: "Some people like it; some people detest it; and a few have read it."³

BERNARD ROSS

Book Review Editor

² Edward Bellamy, *Looking Backward, 2000-1887* (Boston: Houghton Mifflin Co., 1890), p. 336.

³ *The Council and the Curriculum Study* (New York: Council on Social Work Education, January 12, 1960). (Mimeographed.)

Book Reviews

THE USE OF GROUP METHODS IN THE PRACTICE OF CASEWORK. (A workshop jointly sponsored by the Mental Health Services of the Louisiana State Department of Hospitals and Tulane School of Social Work.) New Orleans: School of Social Work, Tulane University, August 1959. 115 pp. (Mimeographed.)

This workshop undertook to explore and evaluate the use of "group methods" by caseworkers in casework agencies during the last decade. The focus of the workshop was on "function, not process"; i.e., an attempt was made to evaluate the use of "group methods in the performance of the traditional functions of the caseworker: intake, diagnosis, treatment, and education." The following basic questions were asked: What of such activity should be considered as "contemporary extensions" of the casework process, the group work process, the generic social work process? Is some or all of this activity appropriate in casework programs? If so, what changes need to be introduced into social work education for the M.S.W. degree? The abstracts of caseworker activity on which the discussions were based and the workshop participants themselves were drawn from many parts of the country. The report thus has national relevance.

The report sets forth the findings of the workshop, including the major points on which consensus was reached and a summary of minority-majority opinions; two position papers; a set of minutes of one of the workshop discussion groups; an extensive and highly useful bibliography, developed by Gladys Ryland; the sources and titles of the abstracts; and the names and affiliations of the participants.

In one position paper, Gertrude Wilson presents a scholarly and penetrating account of the divergences within group work and between group work and casework after 1917. She sets forth a clear case for the proposition that social work with the individual case is casework and social work with a group is group work. On this basis, she recommends that all students be educated

in both processes so that they can use either, as diagnosis may indicate. In the other position paper, Selma Fraiberg takes a different tack by examining representative examples of work by caseworkers with clients in groups. She concludes that such work in educational groups and in "supportive group treatment," if diagnostically indicated, conforms to the philosophy and ethics of casework, requires the employment of casework knowledge and skills, and should therefore be considered a "valid extension" of casework. Miss Fraiberg holds that group intake and group treatment aimed at "modification of adaptive patterns" violate the canon of confidentiality, ignore the requirements of the treatment relationship, and expose the client to uncontrolled impingement by other members of the group. Miss Fraiberg's searching thinking concerning confidentiality and relationship should be read and pondered by all social workers.

The workshop arrived at a consensus that "the use of group processes in casework programs" is likely to expand and that social work education should provide relevant classroom content and field instruction "integrated into the casework sequence." Nevertheless, the minimal points around which consensus was reached are thrown into the shade by the variety of differences brought out in the workshop. There is no single issue—whether of definition, process, function, indication for differential use of the case or group approach, or confidentiality—on which two or more variant opinions are not expressed. Almost all these opinions are empirical generalizations based on individual professional experience and reading. Few are rigorously related to theory.

The most disturbing aspect of the report is the lack of clarity in definition of terms. At many points, casework as a professional process (*method?*) is confused with the program of the agency in which casework is performed. Terms such as "group process" and "group work" are used interchangeably. At few points is a clear distinction made

between terms valid for the description and analysis of group phenomena and those valid in referring to the phenomena of individual personalities. The report notes that in the discussion groups participants tended to move away from discussion of "function" to discussion of "process." One wonders how the functional questions can profitably be discussed until greater agreement can be reached concerning the nature of casework, group work, personality processes, and group processes.

The report will vitally interest casework and group work practitioners. It is required reading for social work educators. The profession is indebted to the Tulane University School of Social Work for exposing in such clear form many of the issues underlying this "growing edge" of social work.

WERNER A. LUTZ

*Graduate School of Social Work
University of Pittsburgh*

PREDICTING DELINQUENCY AND CRIME. By Sheldon and Eleanor Glueck. Cambridge, Massachusetts: Harvard University Press, 1959. 283 pp. \$6.50.

Prediction of future behavior is of major concern to social workers in their development of effective treatment and preventive programs, but only limited systematic attempts have thus far been made in most areas of practice. The Gluecks deserve credit for emphasizing the practical importance of predictive devices for planning treatment and in aiding our understanding of delinquency and crime.

In this volume they have incorporated data from their extensive studies of juvenile and adult offenders over the past quarter-century. These data have been used selectively in the preparation of a large number of predictive instruments, most of which are concerned with delinquency rather than adult crime. Their basic concern is with the prediction of antisocial behavior, under different forms of "peno-correctional" treatment, so that the most effective treatment can be selected. Some attention is given to the development of methods for identifying children who are potential delinquents. The volume is directed to jurists, educators, and social workers particularly.

Following their "multiple factor" empirical approach the authors proceed inductively to develop tables based upon systematic correlation among various traits of offenders, their environmental conditions, and the different types of behavioral responses which occurred during and after treatment. Procedures involved in the actual construction of the prediction tables are described. The tables are based only on those variables (usually five for each table) that have been demonstrated through follow-up studies to bear high relationship to subsequent behavior. Although one would laud wholeheartedly the efforts of the authors to develop these instruments, serious questions arise with regard to this wholly empirical approach.

The Gluecks suggest that their instruments have wide applicability over time and

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Book Reviews

space, since they were constructed and tested on different populations over a period of many years. However, the populations upon which the data are based were from a limited geographical and cultural locale. They were of low socioeconomic status and from underprivileged neighborhoods with high delinquency rates. Other studies have indicated that such communities are not representative of the total population from which offenders are drawn. Moreover, only institutionalized offenders were considered, and they are not representative of all offenders. Certain types of offenders (e.g., diagnosed psychopaths) were excluded in the delinquency predictions so the generalizability is further reduced.

The authors argue for an eclectic approach to the study of causation and suggest that their method is appropriate for such study. However, data based on statistical correlations are not adequate for determination of cause-effect relations. Factors are not selected on the basis of a theory of causation but rather on the basis of what seems to work. Those employed generally center on the family with the focus on individual rather than social variables, suggesting that an implicit theoretical bias is operating. Definitions of the many predictive factors used are given, but they vary widely in their level of operationalization.

The Glueck studies do provide extensive raw material for the development of a theory. What is now required is extensive case studies of offenders based on a theory of causation to assess the role of these and other factors, particularly sociological variables which have been neglected. (The recent evaluation study, *Origins of Crime*, by McCord, McCord, and Zola, illustrates a more theoretical approach to this type of problem.) They have made an important contribution in pointing out the inadequacy of much of the raw data available in courts and social agencies for diagnosis and treatment, as well as for research.

Considering what the Gluecks have given us, what is the utility for practitioners? They assert that we now have a practical

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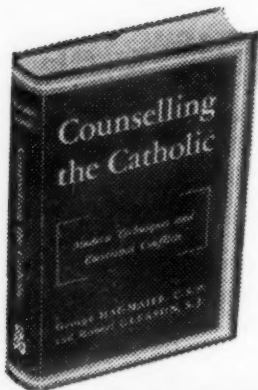
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means for predicting delinquency and crime. Can the practitioner use it with confidence, assuming that problems such as putting their factors into operational terms can be solved? The authors note that their instruments have been tested and report on these tests. But the evidence both as to usability and reliability is far from conclusive. Moreover, because of the gross differentiations regarding the disposition of offenders to various types of "peno-correctional" treatment, little specific information is provided to aid in policy-making or treatment-planning. Generally, the authors do seem to have a stronger interest in community protection than in concern for treatment of the offender as such. Greater individualization in treatment-planning is now required than is possible with the Glueck prediction devices.

ROSEMARY CONZEMIUS

University of Michigan
School of Social Work



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**ORIGINS OF CRIME: A NEW EVALUATION OF
THE CAMBRIDGE-SOMERVILLE YOUTH STUDY.**
By William McCord and Joan McCord
with Irving Kenneth Zola. New York:
Columbia University Press, 1959. 219 pp.
\$6.00.

The Cambridge-Somerville Youth Study, the service program of which was completed in 1945, was a major landmark in research on delinquency prevention. During the seven years' duration of the study, 325 boys were provided the services of a counselor who was to offer them friendly guidance, understanding, and upright example as a means of prevention of delinquency. At the study's conclusion, the program's impact was measured by comparing the arrest and delinquency rates of the treated group with a carefully selected, comparable, untreated "control" group, also of 325 boys. The results were discouraging. The treated and the untreated groups showed almost identical delinquency rates.

Not until now, however, does the richness of the materials made available by the study emerge. The McCords and Mr. Zola have restudied the case records, having the added advantage of carefully gathered information concerning the later criminal careers of the boys in the two groups. From their study emerge findings highly significant to the planning of future delinquency control efforts.

It becomes clear that while the service offered most of the boys in the treatment group was rather superficial and apparently ineffective, provision of certain types of service *was* associated with a lesser proportion of later delinquent and criminal careers than that found in the control group. The small percentage of the boys seen at least once a week over a protracted period and receiving counseling that did deal with their deeper feelings apparently did benefit from the study program.

Further, this volume presents a wealth of material on the personality, familial, and environmental factors in the children's lives

Social Work

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associated with later delinquent or criminal careers. Working with data collected before the fact of delinquency and thus not subject to the usual criticism of research based upon studies of youngsters already delinquent, these sociologists arrive at the conclusions that home atmosphere and discipline, role models provided by the parents, and parents' personalities, especially that of the mother, are the major determinants of the child's later adjustment to social authority. Neighborhood environment, street-gang influences, and the like are seen as playing important but secondary roles.

The authors go much beyond this and, by statistical methods holding other factors constant, study in isolation a wide variety of particular home and parental personality variables in such a way as to yield a remarkably interesting and valuable picture of the constellations of circumstances associated with later delinquent or criminal careers.

This book is of very considerable significance in the contribution it makes to the theory of the etiology and treatment of deviate behavior. Many of the conclusions drawn are based upon rather small samples, but they have been soundly arrived at and do generally conform to expectation based on prevailing psychodynamic theory. Their study urgently calls for replication and further experimentation and research.

CHARLES H. SHIREMAN

*School of Social Service Administration
University of Chicago*

COMMUNITY STRUCTURE AND ANALYSIS.

Edited by Marvin B. Sussman. New York: Thomas Y. Crowell Company, 1959. 454 pp. \$3.75.

Dr. Sussman, in his introduction to this splendid volume, is absolutely correct when he states, "We have attempted to present the best in current thinking and research on the community." This book, sponsored by the Society for the Study of Social Problems, is a superb collection of twenty-one papers, edited by Dr. Sussman, which rep-

resent an integration of community theory and research. At first glance, it is obvious that this book is a necessity for the researcher and the teacher. But it is also a mine of information and methodology for social work practitioners, especially those who desire to understand their particular problems of practice in a broader context.

The papers, written by experts in their respective fields, are divided into six sections in the book dealing with aspects of the community, viz: typology, analysis, development, action, structure, and problems. Each chapter has a discerning introduction by Dr. Sussman which analyzes the significance of the contribution and serves to link each chapter to a composite picture.

There are papers on "The Value Element in Community Planning," "The Coordinating Council and Urban Demography," "Social Stress and Mental Illness in the Community." To elaborate briefly on just a few: Wendell Bell's paper on "Social Area Analysis" describes a method for classifying small communities within the larger metropolitan area and evaluating changes in social characteristics of these communities between census years. A practical application of Bell's method is described in a chapter by Greer and Kube, in which they test basic assumptions concerning social participation in the larger community.

In another chapter, Ravitz identifies concrete steps that must be taken to help residents prepare for change in areas slated for urban renewal. Foskett's study presents some interesting techniques for increasing citizen participation in the solution of community problems. It will be exciting for workers to digest the hypotheses developed and formulated and apply them to practice.

The book will be an invaluable reference and tool for all who are interested in community work.

JAMES O. F. HACKSHAW

*Director, North Central Area
Philadelphia District
Health and Welfare Council, Inc.*

of concern to every parent,

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WE MADE PEACE WITH POLIO

by Luther Robinson

Polio in 1960 still has the power to kill, cripple, and paralyze in epidemic proportions. Despite improved vaccines, it continues to take its toll, especially among children. Anyone interested in child welfare—parent, teacher, social worker—will appreciate this book's contribution to better understanding the disease and its varied effects. Here is the warm, personal story of one family's experience with polio, detailing the adjustments to be made in family life.

An inspiring diary of heartbreak overcome by unconquerable courage to recommend to every family or individual directly concerned with this disease.

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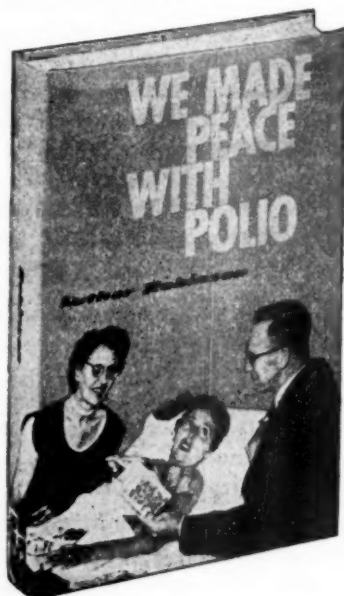
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Nashville 3, Tennessee

Luther Robinson, school principal, stood through the hot July day watching the children enter for their vaccinations and then depart by way of the lollipop stand.

He thought of his family and their wonderful plans for the few remaining weeks before the two daughters—lovely, auburn-haired Anita and friendly, vivacious Alta—would leave for college. This was to be their happiest summer!

But even as Luther watched the youngsters filing in and out, polio moved swiftly into his own home to deal a double blow.



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HELPING THE TROUBLED SCHOOL CHILD: SELECTED READINGS IN SCHOOL SOCIAL WORK. Edited by Grace Lee. New York: National Association of Social Workers, 1959. 447 pp. \$5.00.

This book, a first in its field, offers fifty-six articles, a cross-section of material published on school social work. Each contribution deserves special mention not possible in this review. The subject is school social work, the time span the twenty years from 1935 to 1955, when the National Association of School Social Workers became a part of the single organization, the National Association of Social Workers. These were crucial years in the growth and development of school social work, and through these 447 pages the history, evolution, and spirit of this movement will live on, easily accessible to all—students, social workers, and other professionals.

The collection is divided into six parts, starting appropriately with the philosophy of school social work. This section is ably handled by the authors and easily applicable to what should be the beliefs of all social workers, namely, in the worth and rights of the individual, in the process of helping him to develop his fullest potential, and in the school as a social institution in our democracy.

Sections II and III, a "Description" and the "Development of School Social Work," are perhaps more specific to the practice of School Social Work. However, again one may underscore the value of this reading for all social work professionals who have not always been aware of the problems and responsibilities confronting those of their colleagues who are finding their way in "host" settings where social work is an ancillary service. The repercussions of this lack of awareness are, I think, evident if only we view the past struggle for existence and note the present employment picture, which is far from adequate to meet existing needs and demands.

The last three sections deal with the

specific practice of school social work, which again should be a part of the knowledge of all social workers, but is certainly of greater interest to those practicing in school settings. These sections divide into areas that raise some pertinent questions. Of the twelve articles relating to the social and emotional problems of the child in school, four deal in a descriptive fashion with the problem of nonattendance. There are three articles on direct casework with children, four related to work with parents, thirteen dealing with the relationship to teachers and other school personnel, four on working with other community resources, and lastly, six articles on education for school social work.

Within this breakdown it becomes evident that another scholarly publication should be in the offing. Because the sections on work with teachers and school personnel and the use of community resources are so thoroughly and well presented, the actual casework process with the "troubled" child and his "troubled" parents seems almost excluded. Is it not time to be explicit about casework (study, diagnosis, treatment) with the child and his parents in the school setting?

This book has fulfilled one of the major purposes: impressing the reader with the difficult, steady, and lasting development of social work services in the school setting, but thereby it also reveals the barren areas in the literature of the field, where little has been written. The book is recommended reading for all social workers and social work students, with specific sections recommended for school administrators, educators, and certain lay groups.

Accolades to Grace Lee for her masterful job of editing, to NASW and to the donor for making such a publication possible, and to the authors of the fifty-six articles included in this scholarly publication.

MARY LOUISE DILLON

*Boston University School of
Social Work*

TRAINING FOR SOCIAL WORK, Third International Survey. By the United Nations Department of Economic and Social Affairs. New York: Columbia University Press, 1958. 349 pp. \$2.50.

THE APPLICATION OF BASIC CASEWORK PRINCIPLES TO WORK WITH REFUGEES. Geneva, Switzerland: United Nations, 1958. 162 pp.

INTERNATIONAL SURVEY OF PROGRAMMES OF SOCIAL DEVELOPMENT. Prepared by the Bureau of Social Affairs, United Nations Secretariat. New York: Columbia University Press, 1959. 190 pp. \$2.00.

These three publications reflect both the progress made throughout the world as a result of international co-operation in social work and the substantial character of the work of the Bureau of Social Affairs of the United Nations Secretariat, an increasingly important source of social work literature.

Of particular interest is the comprehensive third survey of training for social work, ably prepared by Eileen Younghusband, the distinguished British leader in social work education. The first two surveys (1950 and 1955) described training for social work in the various parts of the world.

This survey for the first time sets forth the content of training as it is beginning to emerge internationally and discusses various problems related to the improvement of training. It is intended to be of practical use to governments, schools of social work, social agencies, and professional organizations of social workers. As a basis for the report, information from governments and other sources was supplemented by a consultation of experts and discussions in three regional seminars attended by leading social work educators and administrators.

The report covers the changing functions of social workers, the essential components of social work, the content of training for social work and educational method, the relationship between social work and community development, and the training of

auxiliary workers. It concludes that "for the first time broad agreement exists about a coherent framework around which schools can build appropriate structure."

Recent trends show greater emphasis on the teaching of methodology, the common character of principles and practice of casework, group work, and community organization, and the emerging of basic concepts and universal principles of social work. This survey is a work of historic importance and wide interest and a "must" for leaders in social work education and in social planning and policy.

The Application of Basic Casework Principles to Work with Refugees is a report of a ten-day training seminar held by the United Nations in Germany in 1957 for workers with refugees. The participants, most of whom had not had social work training, accepted a series of conclusions and recommendations on casework and counseling as a method of improving their competence. It is of particular interest to those concerned with programs for uprooted people and counseling programs in which there is not agreement as to the need for professional caseworkers.

International Survey of Programmes of Social Development is an interesting and extremely informative report of programs throughout the world, prepared by the United Nations in co-operation with the specialized agencies for the use of the Social Commission at its 1959 session. The first survey described measures taken between 1945 and 1953; this survey covers changes since 1953. It is designed to help governments to benefit from each other's experience and to provide information useful to the underdeveloped countries in the formation of their social policies. Because of their importance at this time, special emphasis is given to community development as a technique for improving levels of living, particularly in underdeveloped countries, and to measures to meet problems of rapid urbanization which were especially pointed up in the 1957 UN Report on the World Social Situation.

Book Reviews

Marked improvements in social work techniques are shown as a result of international exchange programs. Common major trends are: increased governmental responsibility; increased emphasis on the family; continued development of assistance toward self-support; and continued emphasis on the training of social welfare personnel. The planning of national development in many countries now includes social welfare, and increasingly governments are setting up separate ministries of social welfare.

These three books constitute a goldmine of fascinating information for anyone concerned with the welfare of all the world's inhabitants or with the continuing development of professional social work.

SAVILLA MILLIS SIMONS

National Travelers Aid Association
New York, N. Y.

THE MENTALLY RETARDED IN SOCIETY. By Stanley Powell Davies in collaboration with Katherine G. Ecob. New York: Columbia University Press, 1959. 248 pp. \$5.50.

Anyone who has had the experience of hearing people equate all mental retardation with severe mental deficiency will welcome Dr. Davies' book. Dr. Davies, in his term, "mentally retarded," includes the entire range of mental subnormality from the most severely handicapped, who cannot give themselves elementary physical care, to those who are only slightly less intelligent than dull normal people. He demonstrates that many of the retarded can be helped to become fully self-supporting, contributing members of society, while others can be helped so that they need be only partially dependent on their families or society. In short, mental retardation is not a total and absolute condition. Conscientious, devoted, and skilled work can substantially improve the functioning of a large number of these people.

Dr. Davies pleads for a range of services including special classes in public schools,

outpatient clinics which will diagnose and offer needed treatment to the retarded, vocational guidance, specialized job placement, adequately supported state institutions, residential treatment centers, and finally a much larger research program than we have thus far had. One of the more hopeful trends in recent research has been evidence that at least a percentage of the cases of defective inheritance may be not a matter of inheriting a defective cerebral mechanism per se, but rather a faulty biochemical mechanism which somehow impairs cerebral functioning prior to or shortly after birth. In some cases, the mechanism has been identified and treatment or preventive techniques developed. Examples of this are German measles early in pregnancy and the Rh factor in the parental blood-streams. Such lines of research offer hope for the reduction of the future incidence of retardation.

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BOOK REVIEWS

While Dr. Davies is frankly sympathetic toward the retarded as a group, he has written an objective book. He does not gloss over the limitations of the retarded nor does he make the error of glibly overstating the case for what can be accomplished by the programs he advocates. He presents a useful picture of the dimensions of the problem, what has been done, and what more needs to be done so that these people may have the opportunity of functioning at their fullest potential. Dr. Davies reminds us of society's obligation to the retarded, but he demonstrates unequivocally that adequate help to the retarded unlocks a reservoir of productivity which is most useful to society as a whole.

This book should be required reading for social workers, teachers, psychologists, and physicians, all of whom inevitably have some contact with the retarded and their families. These practitioners can help families find resources and achieve more realistic and healthier attitudes toward their

retarded. By the same token, these professionals with interested laymen should be in the forefront of the effort to obtain adequate programs for the retarded and Dr. Davies' book is a reliable resource on which to draw for that campaign.

HERMAN STERN

*Edenwald School
Jewish Child Care Association of
New York
Bronx, N. Y.*

BRIEFLY

PROGRAMS FOR OLDER PEOPLE IN GREAT BRITAIN. By Niles Carpenter. Buffalo: The University of Buffalo, 1959. 79 pp.

This study is more than a compendium of the various public and voluntary programs for the aged in Great Britain. It is actually a comparative analysis of British and American programs. The author points out convincingly that in spite of our likenesses in language and heritage, Great Britain's interest and concern for the aged have been greater than our own. This has in turn led to the more rapid development of programs and services.

As the latter are described, it appears clear that the underlying purpose of most of them, particularly the "home helps," has been to help older people remain in the community for as long as possible. What has helped, too, is a greater respect for the value and use of volunteers who are the mainstay of many of these services, as well as Great Britain's National Health Service which, in spite of many limitations, has made medical service available to all.

Dr. Carpenter has produced a valuable study. It should be of special interest to professional and lay persons in the areas of community organization and family service. Worthy of special mention is its simple, nontechnical language.

WILLIAM POSNER

*Jewish Community Services of Long Island
Social Work*

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EASY-TO-REACH AGENCIES

I read with considerable interest the letter by Irene Kawin in your January 1960 issue in which she commented that she is seeing more and more cases dumped on public agencies whose workers are overloaded.

It should be quite refreshing for Miss Kawin to learn that only recently our agency was asked by the local office of a Los Angeles County tax-supported financial assistance agency to refer back to them any of their clients who request our services for help with marriage and/or family problems. It is their position that they are not overloaded with clients and that they have the necessary qualified staff. Although they did not so state that it is their intention to assist with the total needs of their clients, we are presuming this is what they have in mind. On the other hand, we are receiving (and accepting) more referrals from the County Probation Department than at any time during the past ten years.

Our agency does not feel unique in being one of the "easy to reach" agencies which do not limit their intake to "those where we can give the greatest service" since there are hundreds of family agencies which are still maintaining responsible attitudes toward "difficult cases."

A. H. HEATH

*Family Service of Long Beach
Long Beach, California*

LEGAL REGULATION

May I comment on the article by Lawrence and Baek in the January 1960 issue? As past chairman of the Committee on Legal Regulation and Practice of the Maryland Chapter, I have given considerable thought to the issues examined by the authors. I find myself in disagreement with several conclusions drawn by them.

1. The authors assume that legal regula-

tion of professional practice requires that the content of such practice is clearly defined. Actually, the objectives involved in aspiring to legally regulated status may well be achieved through legislation restricting use of a given professional title to qualified practitioners. Thus, the Maryland Psychologists' Certification Act of 1957 only restricts the use of the word "psychologist," "psychology," or "psychological," in offering services to the public; it does not undertake to define the areas of psychological practice itself or to contrast it with that of related professions.

2. The authors have compared the California plan with the NVCP program and concluded that because the former does not contain desirable features, any form of legal regulation must, by definition, be inferior to a voluntary plan, at least at this time. That is, of course, not so. The question is whether any discipline which accepts—in voluntary or legal form—those less than fully qualified for its practice can indeed consider itself a "profession." If it has decided that legal professional status is desirable, it cannot compromise on the very principle of "professional" recognition in the name of expediency and undertake to have the legislature pass "the best bill possible at the moment." Moreover, legislative experience demonstrated that it is often harder to amend legislation than to have it passed initially.

3. Self- and public image of the profession as well as the level of its practice could conceivably be elevated without any formal regulatory machinery, voluntary or public. However, if formal regulation of practice is desired, it must be clearly understood that voluntary and legal regulatory processes are not interchangeable approaches toward identical goals. It must be realized that the different objectives to be accomplished by regulation of professional practice should determine the differential selection of the proper mode of achieving them.

If, for example, there should be concern lest growing fee-charging individual or agency practices might produce allegations of violation of a state's comprehensively written medical practices act then only legal recognition and exemption from the provisions of that act would provide a definite answer to the problem.

4. One can only agree with the authors on the observation that the profession's apathy to the issue is disconcerting and alarming. As legislative action cannot be achieved without determined, collective efforts by the group, first step ahead seems broad and intensive membership education to the issues involved. These issues need be faced boldly. There might have to be concern with such future development as the status of practitioners with advanced training and experience; with the possible advantages in developing a professional designation altogether different from the present which, as Pollack has pointed out, is alone in applying the term "worker" to the designation of a professional pursuit. As it stands, social work cannot necessarily consider itself of age unless it rallies with conviction in a concerted effort to regulate its practice on an uncompromisingly professional level.

KURT FREUDENTHAL

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It is encouraging to read the well-written article "Voluntary Certification vs. the California Title-Licensing Bill" by V. Lawrence and A. Baek. In my opinion the California plan of licensing is begging and confusing the issue, or primary problem. That is—the untrained—the majority of whom won't be trained.

The experts (social workers) in helping the "confused," appear muddled in their own confusion. A start, I say, is to certify the trained, and in time the profession might attract the better motivated person who can face reality and accept the necessary training for this profession, as he

would expect and have to in order to be a lawyer, engineer, school teacher, plumber or accountant. Then maybe progress will come regarding appropriate status, self-respect, salary, et cetera, et cetera, et cetera.

JAMES R. MORRISSEY

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I quote from the January article "Voluntary Certification vs. the California Title-Licensing Bill": "A state plan cannot ignore the reality that a large number of persons in social work employment are untrained."

California now needs at least 1,930 new workers to maintain programs at their present levels of efficiency. Los Angeles County alone employs approximately 1,500 social caseworkers. In 1958, the three professional schools in the state produced 121 MSW's, and the eight undergraduate schools offering a major in social welfare produced 186 social welfare majors. These figures would seem to reinforce the statement I have quoted.

I wonder how long the profession can continue its emulation of an ostrich in regard to this situation which cannot help but be repeated on a national scale. If civil service commissions now give the title "Social Worker" to more persons a year than all of the California schools together, the result is that the employer defines the title, Social Worker, for the profession. A legal base provides one step toward the possibility of change.

There is eagerness among many of the "unprofessional" multitudes in public assistance (I believe the figure for MSW's working in public assistance in California is some 300 of the 3,000 employed social workers) for training, for raising the standards and performance expected on the job, and most important, a growing realization of the importance of their unprofessional profession.

Frontier thinkers in the field have reinforced this realization, as they continue to increase their emphasis on the importance

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of training and skill necessary to cope with the complexities of social and emotional problems found in the public assistance caseloads. They have found that a social worker in this field should be no different in training and skill from that of any other field. Should not the profession take the responsibility for leadership in solving the impasse I have described? To continue to ignore the reality is to continue the now famous tail-chasing.

May the NASW reach out a helping hand and assume the sorely needed leadership in reaching a solution to this very real problem of strengthening a pyramid from its broad base. We in public assistance feel that licensing is a beginning step.

ANNETTE G. CROWELL

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In addition to the following classifications:

(1) Certified—with master's degree, (2) Registered—one year of graduate education, (3) Social Worker—no requirement of education of experience in social work, I believe should be added those of us who have a B.A. in Social Science received in the '30's—and who have been in the field for years under experienced supervisors. We certainly cannot be classified under (3) with no educational background or experience. Many of us have proven ourselves and are under Civil Service.

B. KITCHEN

Logan, Ohio

SOCIAL WORKERS WHO CARE

It was both refreshing and heartening to read the article on "Seven Fighting Families" by Violet G. Bemmels, in the January 1960 issue. Refreshing because its simplicity of approach in working with the families as a whole, demonstrating basic interest in the individuals, and helping them to build up their own sense of worth. Heartening because of definite demonstrated results, because of a greater con-

fidence in caring passionately for people than for technological classifications. Heartening because of an unwillingness to take refuge in "labels" for these families who had been previously marked as "multiproblem" after unsuccessful attempts of many agencies to work with the families.

Has specialization of function in social work resulted in no one taking over-all responsibility for the needs of the families whose needs are as complex as those of these "Seven Fighting Families"? Has specialization of function created a division of responsibility to the degree that each worker's interest lies more in the function than in the needs of the family? Does the social worker of today need to have more of the creed of Dr. John Tee-Van, who when asked to explain the success of the New York City's Bronx Zoo is reported to have answered "by caring passionately"?

LULA JEAN ELLIOTT

New York City

CHOICE BETWEEN INDIVIDUAL AND SOCIETY

When Eileen Younghusband writes, "In truth, the United States is the world's laboratory of social work education," we must agree. When American caseworkers were learning with the help of dynamic psychology the detailed application of the principle of self-determination, the more discerning stressed the degradation of the principle involved in the limp passivity displayed by some workers in the casework relationship. Now the trend is almost reversed in the United States and experimenters with "aggressive" casework are thoroughly in fashion. But I have heard no warnings, or only very faint ones, against the ancient trap that lies in wait for us along this path.

Professor Bernstein in his article in the current issue of *SOCIAL WORK* on self-determination falls right into it—into the trap of "positive freedom," of "liberation by reason." "True freedom" in his view

only operates in decision-making "as one takes account of the relevant factors." This trap has ensnared some Western thinkers in every age from Spinoza until now, and it includes, I am sorry to have to point out, Marxists and all the originators of the authoritarian and totalitarian creeds of our own day. Many of them began as individualists. The "rational" concept of freedom has provided an assurance of justification to "some of the most merciless tyrants and persecutors in history." I quote from Isaiah Berlin's formidable indictment, *Two Concepts of Liberty*, published in 1958 by the Clarendon Press at Oxford. We must not, with Professor Bernstein, inflate the undoubted rationality of modern social work skills into a justification for joining this sorry procession of self-deceivers.

I would make Berlin's lecture required reading for every student of social work. "The necessity of choosing between absolute claims," says Berlin, "is . . . an inescapable characteristic of the human condition. This gives its value to freedom . . . as an end in itself, and not as a temporary need, arising out of our confused notions and disordered lives, a predicament which a panacea will one day put right." The field of social work operation is undoubtedly the relationship between the individual and society. Let us not deceive ourselves, however. Sometimes we are compelled to decide which is ultimately the more important of the two. And then the ethical basis of our professional training comes into the calculation. To aver the worth of the individual, as we do, implies "the central importance of his freedom to choose"—irrationally, if he prefers.

BEATRICE E. POLLARD

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SERVICE FAMILIES IN JAPAN

I enjoyed reading Captain Davis' article on service families in Japan and would like to add a few remarks based on experience as

a social worker in that country from October 1953 to December 1955.

Generally it seemed that it was the disturbed wife who "made the decisions, disciplined the children, and handled the finances" or attempted to do so while the husband was overseas. The wife that appeared to be operating within normal boundaries tended to make every effort to continue former patterns of decision-making. For example, problems for which the husband routinely had made final decisions were referred to him by mail as much as was practical. One immediate result was to help the serviceman feel that he was still an active and important family member. A long-term result occurred when the family joined the serviceman overseas and much less role-shifting was necessary.

In the child guidance clinic at the 8167 Army Unit (and later at Tokyo Army Hospital) we noted that often the disturbed mother returned to live with her parents until she could come overseas. The emotional entanglements in which the mother and her children became involved often meant that they started for Japan emotionally spent.

In studying suicides of servicemen and dependents on Honshu Island, a colleague and I were impressed with the number of cases where a spouse, noting marked mental upset and possible suicide of a mate, took no apparent constructive steps to seek psychiatric or purely medical help. In extreme cases, according to material available, the spouse sat back during immediate preparations for the suicide and while the act was committed. We wondered if individuals whose mates kill themselves do have significant characteristics in common and if this knowledge might be useful in developing preventive techniques.

As an individual professional opinion—I did feel that the military authorities in Japan known to me did have a sincere interest in the families under its jurisdiction.

HARRY E. GROB, JR.

Quincy, Illinois

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